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San Joaquin County Children and Families Commission

Year One Evaluation Report

Prepared by Harder+Company Community Research

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EXECUTIVE SUMMARY

The California Children and Families Act

Proposition 10, the California Children and Families Act, established dedicated funding to improve the child health, strengthen families and help children be ready to learn by the time they start school. Proposition 10 increases sales taxes on cigarettes and other tobacco products by $.50 to pay for programs to promote the health development of young children—prenatally to age 5. The legislation created a new state commission, as well as local commissions in each county, to administer the $700 million annual funding stream generated by the tax. Eighty percent of revenues were earmarked for County Children and Families Commissions to support local programs for children and families.

The Act requires each county to establish a commission to oversee the implementation of the Act. One of most important functions of the Commission was the development of a strategic plan to identify the needs of young children and their families in San Joaquin County and to establish priorities for funding. Two rounds of funding for direct services in 2001: Round 1: Children's Health and Drug, Alcohol and Tobacco Prevention and Treatment. Round 2: Parent Education and Child Care. Special Projects were also funded in each of the two rounds of funding. In total $8 million was allocated to 25 different programs, provided by 19 different agencies.

Proposition 10 in San Joaquin County

In 2000 and 2001, the Commission prioritized funding and program development through two rounds of funding.

> **Round 1:** Children's Health and Drug, Alcohol and Tobacco Prevention and Treatment
> **Round 2:** Parent Education and Child Care

In addition to these major allocations, the Commission set aside a pool of money for **"Special Projects"** for specific interventions that addressed a need in the County but were not represented in the two major rounds of funding.

Clients Served in Year One

The Commission recommended Board of Supervisors' approval of contracts with twenty-five organizations in San Joaquin County to provide direct interventions and services for pregnant women, parents of young children, children 0-5, and caregivers. These organizations were funded to meet the specific needs of children and families in San Joaquin County based on the results of the Strategic Planning activities of 2000 and 2001. Commission funds touched more than 18,000 people in the last 18 months.

- Nearly half (42.9%) of the clients touched in year one were teens. Programs providing pregnancy prevention services served most of these clients. Nearly 8,000 teens were served this year.
- The next largest category (28.0%) of clients served was children aged 0-5. More than 5,000 children received services this year.

- Pregnant women and expectant parents made up nearly six percent of the clients served this year. Commission-funded programs in Year One touched more than 1,000 expectant parents.
- Parents/guardians, child care providers, and other service providers made up the remainder of the total clients served (23.1% combined).

The clients served by Commission-funded programs were a diverse group. While no ethnic group represented a majority of clients served, clients who were described as Hispanic/Latino were the most prevalent (44.5%), followed by White or Caucasian clients (28.9%). The countywide proportions for these two ethnic groups are 30.5% and 58.1% respectively. The numbers of clients served who are African American (5.6%) or Asian (9.2%) are below the countywide proportions (6.7%% and 11.4%, respectively).

Strengthened Capacity of Organizations

All organizations that received funding collected and reported client data in Year One. Slow start-ups and revisions to the evaluation tools impacted the ability of some programs to collect data at more than one point in time, but many did collect pre and post-intervention information.

- Almost half (48%) of funded programs collected pre and post-intervention data in Year One.
- Nearly two-thirds (62.5%) used high quality tools consistently and appropriately.
- Seven programs will require additional one-on-one assistance to improve their evaluation tools or implementation.

Outcomes for Clients Served in Year One

The amount of change in client scores (for those programs who collected pre and post-intervention data) varied according to the proposed outcomes and interventions of the program. Overall, funded programs used nearly 50 tools to measure impact on clients.

- In Year One, most programs measured changes in knowledge rather than behavior. While knowledge is an essential first step to changing behavior, it is both easier to change and easier to measure. Real behavior change requires more meaningful intervention and a longer dosage of services.
- Program and evaluation activities in the next year will focus on changing behavior now that a solid foundation of changes in knowledge has been built.
- Agencies that did not submit pre and post intervention data did submit pre-intervention data that shows considerable room for improvement in client knowledge and outcomes.

Conclusions and Recommendations

The experiences in Year One have suggested four main lessons for the Commission as it continues to meet the needs of young children and families in San Joaquin County.

1. Technical assistance during the program-planning phase (pre-proposal) would strengthen the outcomes of funded programs by more clearly outlining the logic between interventions and outcomes.

2. The timeliness and consistency of data collection can be improved by more standardized data collection deadlines imposed with the online data collection system. This system can also provide more information about best and promising practices by storing a set of common data across programs.

3. In addition to positive impacts on clients, agencies reported stronger collaborations and an increase in their ability to serve clients effectively. Capacity to collect and use data was also improved.

4. Although many community needs were met through the funding, some key needs remain. Child care, transportation, and early childhood mental health services continue to be areas of unmet need according to service providers in San Joaquin County.

INTRODUCTION

Proposition 10 Tobacco Tax Initiatives

Proposition 10, the California Children and Families Act, established dedicated funding to improve child health, strengthen families and help children be ready to learn by the time they start school. Proposition 10 increases sales taxes on cigarettes and other tobacco products by $.50 (or a comparable amount) to support local initiatives targeted at the health and development of young children—prenatal to age 5. The legislation created a new state commission, as well as local commissions in each county, to administer the estimated $700 million annual funding stream generated by the tax. Eighty percent of revenues were earmarked for County Children and Families Commissions to support local efforts for children and families.

San Joaquin Children and Families Commission

The California Children and Families Act required each county to establish a 5-9 member commission to oversee the implementation of the Act. One of most important functions of the Commission was the development of a strategic plan to identify the needs of young children and their families in San Joaquin County and to establish priorities for funding. The Children and Families Act require three members of the commission[1], all other members are defined by local enabling legislation. The members of the San Joaquin County Children and Families Commission in 2001-2002 were:

- William J. Mitchell, M.P.H., Director, San Joaquin County Public Health Services[2]
- John K. Fujii, O.D.[3]
- Kwabena Adubofour, M.D.
- Susan de Polo, Executive Director, San Joaquin A+
- Gary F. Dei Rossi, Assistant Superintendent, San Joaquin County Office of Education
- Mary Flenoy-Kelley, Assistant Principal, Edison High School, Stockton Unified School District and Community Advocate
- Steve Gutierrez, Board of Supervisors
- Randy Snider, Businessperson
- John R. Vera, Director, San Joaquin County Human Services Agency

The Strategic Plan adopted in June 2000 documented the Commission's vision for its county's future: ***All San Joaquin County children will thrive in supportive, nurturing and loving environments, enter school healthy and ready to learn, and become productive, well-adjusted members of society.*** Revisions to the Strategic Plan were adopted in 2002 to reflect a focusing of this vision.

[1] Two members must be from among the county health officer and "persons responsible for management of the following county functions: children's services, public health services, behavioral health services, social services, and tobacco and other substance abuse prevention and treatment services… one member of the county commission shall be a member of the board of supervisors" (California Children and Families Act of 1998)
[2] Chair, March 2001 – February 2002
[3] Vice Chair March 2001 – February 2002, Chair March 2002 to present

The Commission established four long-term goals to guide the changes it strives to accomplish in San Joaquin County:

- To increase and maintain the strength of families and children (prenatal to age 5)
- To improve the health of children (prenatal to age 5)
- To increase the proportion of children who are developmentally, socially, physically and intellectually ready to start kindergarten
- To create and maintain a comprehensive and integrated system of early childhood services which is consumer-oriented and easily accessible.

In response to areas of unmet need, the Commission developed a total of twenty-four objectives, each of which relates to one of the four goals. Thirteen of these objectives were then grouped into initiatives, which were the San Joaquin Children and Families Commission's priorities for FY 2000-01. In total, $8 million was allocated to 25 different programs administered by 19 agencies through two rounds of funding. Exhibit 1 shows the amount of funding allocated for each of these initiatives.[4] In addition to these major initiatives, the Commission released four rounds of funding for Bob Driscoll mini-grants. These mini-grants did not include evaluation requirements and thus are not included in this report.

Exhibit 1.

Funding Allocations for Commission Initiatives	
Initiative	**Amount Allocated**
Round One	
Children's Health	$2,075,000
Drug, Alcohol, and Tobacco Prevention and Treatment	$1,245,000
Special Projects	$622,500
Total	**$3,942,500**
Round Two	
Parent Education	$1,660,000
Child Care	$2,075,00
Special Projects	$622,500
Total	**$4,357,500**

[4] In March 2002, the Commission awarded funding the Family Resource and Referral Center. No program or intervention was implemented in Year One.

Descriptions of Initiatives

Round 1: Children's Health and Drug, Alcohol and Tobacco Prevention and Treatment

The **Children's Health Initiative** was designed to improve and expand access to prenatal and existing health care services in San Joaquin County. Current data show that the county falls below California State averages for birth outcomes and other indicators of child health. In addition to the broad health finding, more than $1 million was targeted specially for the prevention and treatment of drug, alcohol, and tobacco use in families with young children.

Programs that received funding via the Children's Health Initiative provided the following outreach and ongoing services to children and families in San Joaquin County:

The Drug, Alcohol, and Tobacco Prevention and Treatment Initiative was developed in response to the profound effects of these substances on children. Young children are affected both directly and indirectly by adult and family use of tobacco, drugs, and alcohol. The three programs funded under this initiative address both the direct use of substances by parents and caregivers and the indirect effects of this use on children.

Round 2: Parent Education and Child Care

The **Parent Education Initiative** was developed to provide parents in San Joaquin County with tools and skills to better understand child development, their role in healthy development and effective ways to respond to the challenges of parenting. Projects funded under this initiative develop parent and caregiver's skills to be their child's first teacher and to create positive environments for children's development.

The programs funded under this initiative provide general parenting education classes and developmental guidance, child safety, language development and literacy classes. The majority of the programs had a home visitation component. These programs focused on a range of target populations including Hispanic, Hmong and Vietnamese parents, disabled parents, parents of children with special needs, pregnant and parenting teens, and parents in substance abuse recovery.

Child care is an economic and developmental reality for most parents. Because most children 0-5 in San Joaquin County spend some portion of their day in the care of someone who is not their parent, the Commission invested in improving the quality of child care. Two programs were funded under the **Child Care Initiative**, one of which provides professional development to child care providers, and the other which increases the capacity of an agency serving children at risk for abuse and/or neglect by providing additional slots in center-based care.

Special Projects

By developing a pool of money for **Special Projects**, the Commission sought to address those needs of children and families that did not fall within the four large funding streams. Objectives of these projects include creating safe and healthy environments for children and reducing unwanted pregnancies.

The projects funded under special projects provided an array of services including provider training on child abuse reporting requirements, pregnancy prevention, and domestic violence and child abuse prevention. Of the three of the programs providing pregnancy prevention services, two address adolescent pregnancy prevention while the third is designed to improve accessibility and use of family planning services. Two of the special project provide education about child abuse to service providers.

Combined, the 25 programs funded in the first 18 months of the Commissions grant making addressed the following objectives:

- Increasing parental knowledge of early childhood development
- Increasing family self-sufficiency
- Increasing the number and proportion of children in safe and healthy environments;
- Increasing parents' knowledge of children's growth, cognitive development and need for brain stimulation
- Increasing the number and proportion of children who are developmentally, socially and intellectually ready for school

Description of Clients Served in Year One

Programs funded by the Commission served a diverse set of clients in the last 18 months. Each agency was asked to provide race/ethnicity information for the clients they served this year. The racial/ethnic breakdown of clients served by Commission-funded programs in Year One shows great diversity. Exhibit 2 presents a comparison of the ethnicity of the County population to the ethnicity of clients served in Year One. Each major racial/ethnic group is well represented in the Commissions funding; there is no majority within the group. The largest number served fall into the Hispanic/Latino categorization, followed by Caucasian/White. African American and Asian clients may have been slightly underserved in this period, but most programs were targeted in high need areas which have different racial/ethnic breakdowns than the country as a whole.

Exhibit 2.

Race/ Ethnicity of County Population and Clients Served in Year One

	San Joaquin County[5]	Children 0-5 in San Joaquin County	Clients Served in Year One
White	47.4%	32.9%	28.9%
African American	6.4%	6.8%	5.6%
American Indian and Alaskan Native	0.6%	0.4%	1.0%
Asian	11.0%	10.0%	9.2%
Native Hawaiian or Other Pacific Islander	0.3%	0.2%	6.4%
Hispanic/Latino	30.5%	43.9%	44.5%
Other	0.2%	0.2%	1.5%
Two or more races	3.5%	5.4%	n/a[6]

[5] Source: US Census 2000
[6] Agencies did not report a "multi-race" category in Year One.

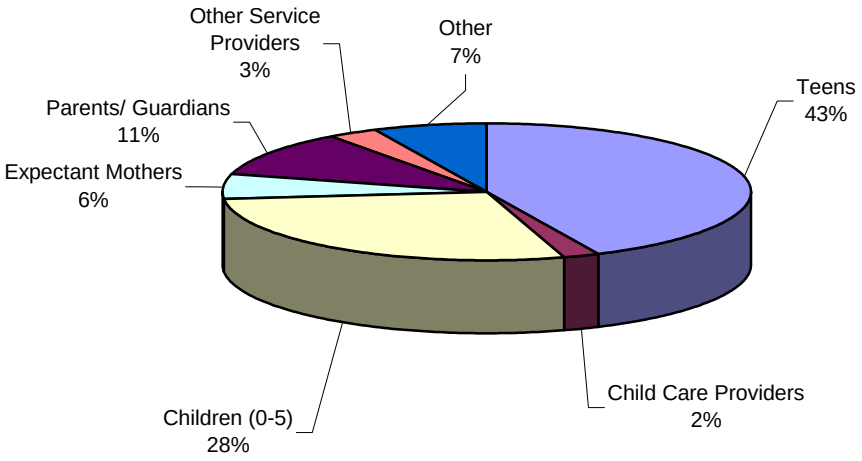
Commission funds impacted more than 18,000 people during this 18-month period. Exhibit 3 shows the characterization and number of clients served were children 0-5; the next largest group is parents/guardians. As explained in the following section, while many of these clients received ongoing services, some were part of outreach or one-time services. Thus, the dosage of services received by each client is quite variable.

Exhibit 3.
Clients Touched by Commission Funds
Year One: October 2000 – July 2002

	Children's Health	Drug Alcohol and Tobacco	Parent Education	Child Care	Special Projects	TOTAL
Teens	0	0	15	0	7,956	**7,971**
Child Care Providers	0	190	232	13	0	**435**
Children (0-5)	322	79	2,680	32	2,081	**5,194**
Expectant Mothers	195	273	624	0	0	**1,092**
Parents/ Guardians	90	340	383	13	1,186	**2,012**
Other Service Providers	0	66	0	0	507	**573**
Other	0	400	10	0	875	**1,285**
Total	**607**	**1,348**	**3,944**	**58**	**12,605**	**18,562**

The majority of clients served were teens, followed by children 0-5 and parents/ guardians. Some programs that targeted teens and expectant parents were primarily outreach interventions to provide information on existing services for children and families. While public knowledge and referrals are essential to the success of any venture, the impact on an individual client is smaller than in programs where a more intensive intervention was implemented. Exhibit 4 is a visual representation of the client groups touched by Commission funds this year.

Exhibit 4. Total Clients Served in Year One, by Client Group



The type of intervention implemented by each contractor affects both the number of clients who can be served and the degree of expected client outcomes. Some interventions, particularly in the Special Projects Group, were primarily Outreach and Referral. These programs sought to inform potential users of the availability of these services in the County. A program that focuses on outreach and referral can serve many more clients than a program that offers, for example, intensive home visitation over a 6-10 month period. While it may be tempting to look use the data in Exhibit 5 to calculate a "unit cost" or "outcome cost" according to the number of clients served and the total allocation, the subtleties of individual program outcomes makes that analysis inappropriate. Exhibit 5 presents a comparison of the percent of funding allocation to each initiative and the total number of clients seen in Year One by initiative.

Exhibit 5.
Total Funding and Clients Served in Year One by Initiative

Initiative	Percent of Allocated Funding	Percent of Total Clients Served
Children's Health	25.0%	3.3%
Drug, Alcohol, and Tobacco Prevention and Treatment	15.0%	7.3%
Parent Education	20.0%	21.2%
Child Care	25.0%	0.3%
Special Projects	15.0%	67.9%
TOTAL	**100.0%**	**100.0%**

Organization of this report

Programs are divided into five groups for the purpose of this report. In general, this division follows the funding initiative. For example, programs funded under Round 2 Parent Education Group are grouped together but the group includes one program that received funding under Round 1. The special projects group contains program funding under both Rounds. The groups are listed below in Exhibit 6.

Exhibit 6.

Program Groups

Children's Health	**Round I**	**Round II**
American Lung Association – Yes We Can	X	
Public Health Nurse Home Visiting Program	X	
Public Health Comprehensive Outreach and Perinatal Education	X	
United Cerebral Palsy – Great Beginnings… Better Tomorrows	X	
Parent Education		
Child Abuse Prevention Council – Creating Healthy Environments for Children	X	
Easter Seals – Special Families Support		X
Library Literacy Foundation - Training Wheels		X
Manteca Unified School District – Family Enrichment and School Readiness		X
Office of Substance Abuse - Recovering Families		X
United Way/Success by 6 – Parents as Teachers		X
Concilio - Telacoo Program		X
Vietnamese Voluntary Foundation – Gateway to Growth		X
Charterhouse – Community Alliance for Positive Self Sufficiency		X
Drug, Alcohol, and Tobacco Prevention and Treatment		
Lao Khmu - Health is Wealth	X	
Public Health Services - Tobacco Free Families	X	
Vietnamese Voluntary Foundation - Keeping Kids Safe	X	

Exhibit 6.
Program Groups – (continued)

	Round I	Round II
Child Care		
Child Abuse Prevention Council – Expansion of First Step		X
Lots of Tots Preschool – Quality First		X
Special Projects		
Delta Health Care – Every Child Needs to be Wanted	X	
Planned Parenthood Mar Monte – Teen Talk	X	
San Joaquin County Office of Education – Teen Pregnancy Prevention Coalition	X	
Child Abuse Prevention Council – Mandated Reporter Training		X
City of Stockton - Water Waves a Community Approach		X
The Women's Center of San Joaquin County – Child Abuse Prevention Project	X	
The Women's Center of San Joaquin County – Domestic Violence and Childhood Sexual Assault Reduction		X

In the following sections, the groups are described in terms of the interventions used and characteristics of clients served. Agencies were asked to report the ethnicity of the clients served this year; our analysis of this information is based on these reports. They also reported on the number and "category" of clients served. Since Proposition 10 has distinct targets: pregnant women, children 0-5, families, parents and guardians and service providers, and the San Joaquin County Commission targeted women at risk of unintended pregnancy in Year One, programs reported their numbers served by these categories.

In addition to the descriptions of clients served by each group, each tool used to collect client level information is described. Any data collected by the program in Year One is also described. For each group, a single table presents an analysis of the type of change measured by the evaluation instruments for programs that reported pre and post- intervention data for a significant number of clients[7]. Because a large change may be due to either a very successful program model or an imperfect evaluation tool, and because a comparison between programs is therefore inappropriate, we present only the direction of change in these groups.

Any program that measured positive outcomes for clients has a ★ next to their agency name in the table and in the descriptions that follow in each section. Positive outcomes are characterized by a sufficient number (more than 10) of pre and post tests that show a positive change over the course of the intervention.

[7] Programs who submitted pre and post-intervention data for fewer than ten clients are not included in this analysis.

A description of the quality of the evaluation instruments and process is presented in Section IV. Challenges to evaluation are described for each program. Because capacity building was a primary goal of this year's evaluation activities, this information completes the picture of evaluation in this period.

Intervention Strategies

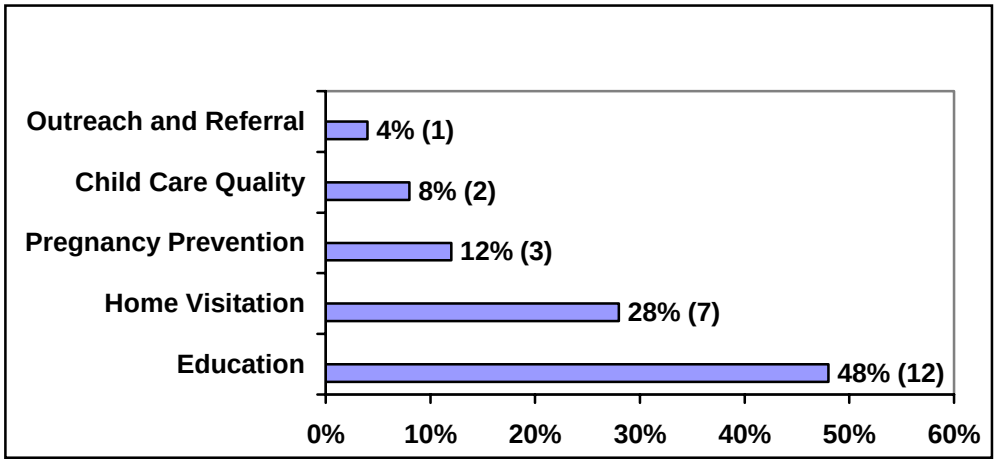
Type of Intervention

Each of the programs funded employed at minimum of one intervention strategy and in many cases, two or more. As shown in Exhibit 7, the program strategies can be summarized in the following five groups:

- Outreach and Referral to existing services for pregnant women, children and families
- Quality Improvement in child care settings
- Pregnancy Prevention for teens and other high-risk groups
- Home Visitation as a method of improving family skills and functioning; and
- Education through classes and peer support

Exhibit 7.

Primary Type of Intervention Proposed in Funded Programs

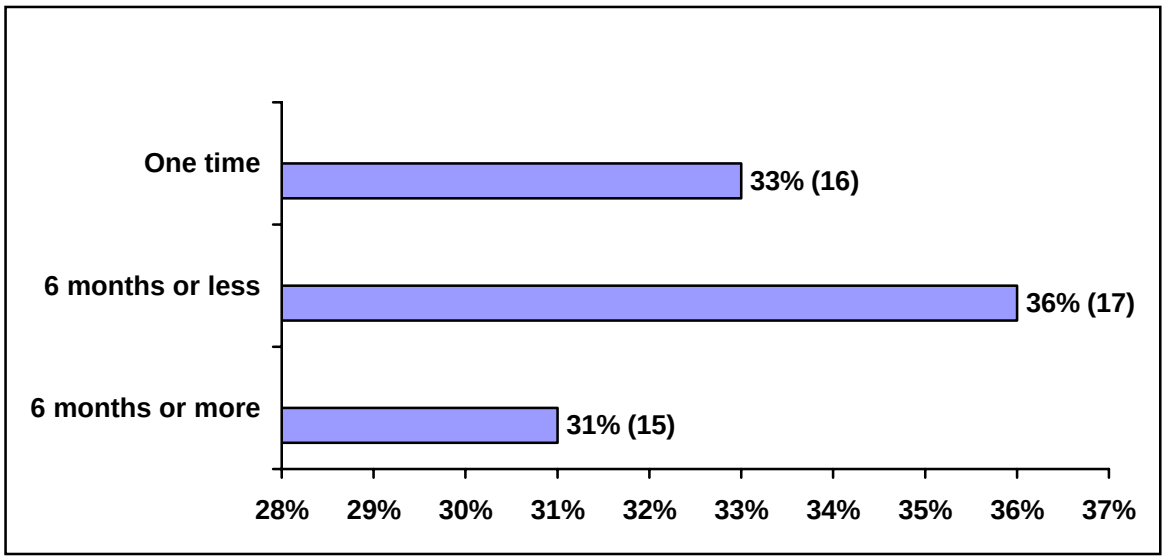


Length of Intervention

The length of time a client receives intervention is defined as their *dose of intervention*. Because most programs used more than one strategy (e.g. parenting classes *and* home visitation), the total is greater than the number of programs. The following chart summarizes which program interventions were one-time only, relatively short-term (six months or less) or relatively long-term (six months or longer). Exhibit 8 shows the dosage for programs funded in this year.

Exhibit 8.

Proposed Dose of Intervention



While some programs were of a one-time nature, the majority worked with clients at least six months. Outreach is an important component to many programs, and since some identified improving access and knowledge of services as their outcomes, it is appropriate that one-third of the programs were one-time interventions. However, we know that for long-term behavior change, ongoing and consistent intervention has the best chance for positive results. The length of intervention should, in general, be appropriate for the program design and expected outcomes.

SECTION II. EVALUATION APPROACH & METHODS

The San Joaquin County Children and Families Commission established an ambitious 2000 Strategic Plan that describes a wide range of significant improvements in the lives of children and families. While it is likely that there will be measurable changes among the children and families who use Proposition 10-supported services, achieving community-wide change will take time. Community level indicators are typically hard to move and may not show any indication of significant change during the first few years of the plan's implementation. As a result, the challenge is to create valid short-term outcomes that will reveal changes in the desired direction of the longer-term outcomes. Described below are the components of the evaluation approach in San Joaquin County.

Evaluation Objectives and Methods

First, the Commission adopted an evaluation approach that sought to *build the evaluation capacity* of service providers while they are involved in the Commission's grant making process. Many contractors were not familiar with writing evaluation plans, designing data collection instruments, implementing data collection methodologies, and analyzing and interpreting data at the beginning of the process. To strengthening contractors' evaluation capacity, each provider was given personal support to enable them to develop and implement their own evaluation plan. Support included developing tools, establishing indicators of success, training staff and providing ongoing support. This assistance took the form of multiple site visits, group meetings and workshops.

The Commission supported especially the use of qualitative methodologies to show impact sometimes missed during standard quantitative analyses. During group meetings as well as individual meetings with contractors, programs shared stories and experiences to add to this report. These meetings used structure and semi-structured protocols to learn about client experiences, share anecdotes about preliminary outcomes, and learn about the organizational impact of this new set of evaluation activities.

The second objective of evaluation support in the first year was to *collect data and information about the impact of funded programs on the client served in the first year*. All contractors collected and submitted data about their clients during the summer of 2002. The data ranged from descriptive information (ethnicity, zip codes, ages of clients) to outcome data (pre and post intervention scores). This report contains information on clients served in the 18-month time period from October 2000 to April 2002 for whom evaluation data was collected.

Finally, this report seeks to *describe the impact of the Commission funding on organizations* and the community of service providers. The new infusion of money into the county impacts not just children and families, but also the system of people, organizations and systems that respond to a community's needs. This information is examined in Section III Findings: "Key Informant Interviews". *These activities were completed on the timeline attached as Appendix A.*

Individual Program Evaluations

A minimum of five site visits were completed with each of the 25 contractors in order to establish an evaluation plan and build program capacity for implementation of the plan.

The following tasks were accomplished with each of the contractors:

- Identify program objectives and measurable outcomes
- Review existing data collection efforts
- Share standardized instruments that may measure program outcomes
- Guide the design of program specific tools or collaborate to develop new tools
- Identify an evaluation timeline and collect sample data

Meetings occurred during the months of July 2001- February 2002. All programs were asked to submit Year One data by April 28, 2002.

Summary of Individual Program Evaluation Designs

The process of developing an evaluation plan begins in the program design phase. Identifying indicators and measurable outcomes for each program was the first step to developing evaluations. These indicators – expected changes in client behavior, attitudes, or skills – form the link between the program activities and the Strategic Plan. *A list of indicators, by program is provided as Appendix B.*

Evaluation plans included pre- post-test designs, provider assessment of environment or behavior change over time, and post-tests of knowledge and skills. In nearly all of the programs a baseline measurement was obtained. For those programs that did not have delays in their start up, or had existing evaluative capacity, at least one follow-up measurement. The number of measurements conducted over time was determined by the time-intensity of the intervention as well as the organizational capacity to implement the evaluation design. In two cases where the intervention was a single dose for a limited period of time (two hours or less) or client literacy was a challenge, a post-test only design was used. Exhibit 9 describes the evaluation methods used by the contractors in Year One.

Exhibit 9.
Summary of Client Outcome Data by Group

	Number of Programs	Number of Programs Collecting Pre and Post Data	Proportion
Children's Health	4	0	0%
Drug, Alcohol, and Tobacco	3	2	66%
Parent Education	9	5	55%
Child Care	2	1[8]	50%
Special Projects	7	4	57%
TOTAL	**25**	**12**	**48%**

Almost half of the programs funded in this year collected and submitted pre and post-intervention data for some portion of the clients they served. These 12 programs are highlighted in the remainder of the report. In each group, a star appears by the name of the organization that collected pre and post data in this contract period. Every program that collected pre and post intervention data showed positive outcomes for clients.

Key Informant Interviews

A total of 35 interviews were conducted during the months of February-April, 2002. The purpose of the interviews was to understand the impact of Commission funding on the operations and philosophy of the funded agencies programs and service delivery systems. Questions were written to elicit not only the success and barriers in implementing a new or expanded program but more interestingly, any shift in ways of thinking about child health development, family functioning and service delivery systems. Because the Commission has invested staff time and resources to establishing partnerships among agencies, questions were also asked about collaboration. We learned about some innovative partnerships and solutions to implementation challenges. The program director/manager from each of the funded programs were interviewed in addition to a staff person directly responsible for service delivery. The information from these interviews is included in each chapter in "SECTION III. FINDINGS."

Limitations of the Evaluation Methods

Keeping in mind that the priority of the evaluation was to build internal capacity, all evaluation tools were developed with the specialized needs of the program/agency in the forefront. While this method was appropriate for the experience and histories of the 25 agencies funded in 2000-2002, the number of different evaluation tools makes comparisons between programs inappropriate. Although the data does provide good information on the individual results of each program, testing promising or best practices using these results would not be possible since the tools, used were so

[8] No data were collected for the Child Abuse Prevention Council First Step Expansion Program.

different. We also know that evaluation data were not collected for every client served by each program. These limitations are more explicitly described in "SECTION III. FINDINGS."

In November 2001, the Commission entered into a contract with the Corporation for Standards and Outcomes (CS&O) – a provider for an online administrative and client outcomes database. As this system is implemented in San Joaquin County, it has become clear that the experience of contractors this year is an essential building block for more standardized and systematic collection of client outcomes.

Finally, while all programs collected some data very few put this data into a database or spreadsheet for ongoing access. This limited the ability of programs to make mid-course corrections or changes to their programs based on evaluation data because most programs kept only paper files.

SECTION III. FINDINGS

Summary of Results by Group

In the descriptions below, the evaluation totals and challenges used by each contractor as well as any preliminary results seen in the year one data are described. Results are presented for each group, followed by conclusions and recommendations based on the preliminary data.

Children's Health Group

The Children's Health Group was developed to improve and expand access to and utilization of health care services for pregnant women, infants and young children in San Joaquin County. $2,075,000 was rewarded via a Request for Proposals (RFP) on October 11, 2000. The Commission identified four broad objectives for this Group.

- Objective 2.2: Improved child nutrition and health status
- Objective 2.3: Improved maternal, perinatal and infant nutrition and health status
- Objective 2.4: Increased number of pregnant women, infants and children receiving on-going regular health, mental health and dental care
- Objective 3.4: Increased access to health care for young children

Funded Programs

- American Lung – Yes We Can
- Public Health – Nurse Home Visitation Program
- Public Health – Comprehensive Outreach and Perinatal Education
- Untied Cerebral Palsy – Great Beginnings

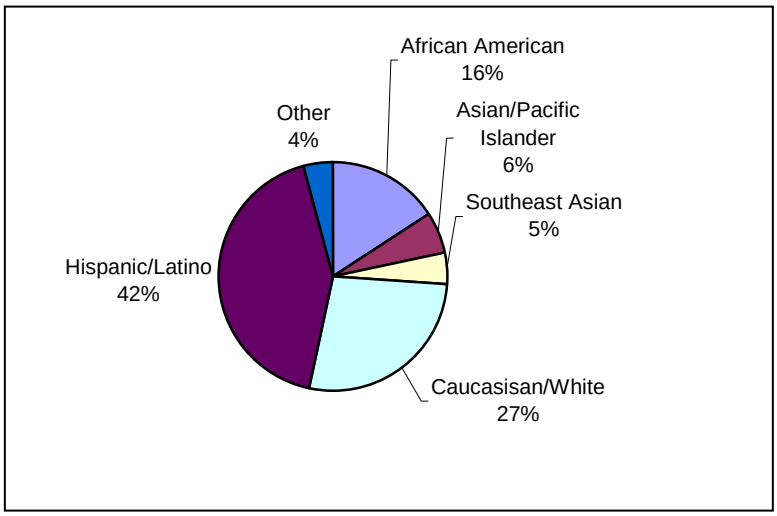
Strategies and Clients

Three of the four contractors used home visitation as a primary method to reach families in order to teach parents about household triggers for asthma, provide early intervention services for children and families with special needs, provide comprehensive perinatal service to pregnant and postpartum women and their young children, and/or encourage high-risk women to enter prenatal care in the first trimester.

All of the programs worked with families with young children; the home visiting programs tended to work on environmental, interpersonal, and problem solving for the family as a whole. Two programs targeted expectant parents and parents of young children to improve birth outcomes and the health of children under 5 years of age.

The largest racial/ethnic group of clients was identified as Hispanic/Latino (42%) followed by White/Caucasian (27%) in this group. These two groups correspond with the ethnicity of clients served overall. African – American clients make up 16% of clients served by this group and only 5.6% of overall clients served. Exhibit 10 shows the racial/ethnic breakdown of clients served by programs in this group.

Exhibit 10.
Race/Ethnicity of Clients served in the Child Health Group



Overall 607 clients were served by the four children's health programs. This represents 3.3 percent of the total number served by Commission funded programs this year. The programs funded in this Group served primarily children 0-5 and pregnant women. The four programs in these groups served 322 children. These children received targeted interventions to reduce the severity of asthma triggers, holistic assessments, and case management via home visitations. Nearly 200 pregnant women received interventions targeting prenatal care or comprehensive services for their families. Exhibit 11 shows the client breakdown for the children's health programs.

Exhibit 11.

Numbers of Clients served by Type and Percent of Clients Served by the Child Health Group

Client Group	Number	Percent
Teens	0	0.0%
Child Care Providers	0	0.0%
Children (0-5)	322	53.0%
Expectant Mothers	195	32.1%
Parents/Guardians	90	14.8%
Other Service Providers	0	0.0%
Other	0	0.0%
Group Total	**607**	**100%**

Indicators of Program Effectiveness

With the assistance of the evaluation consultant, each agency chose indicators that would be used to measure the impact of their particular program on their target client population. These indicators formed the basis for evaluation tools as well as for grouping programs for support and information sharing. These indicators will also be important as the Outcomes and Evaluation Reporting System (OCERS) is used as a tool in the next fiscal year. *A list of indicators linked to each funded program is attached to this report as appendix B.*

Evaluation Tools and Results

Most agencies used evaluation tools that were designed specifically for the curriculum or program they were implementing. Overall, 11 evaluation tools were developed for programs in this group. Four focused on client-self reports, while seven relied on providers to report the status or change in status of a client. No program in this group submitted pre and post data for a large enough group of clients to report outcomes in this report, thus no agency has a ★ by their name. A brief description of the evaluation tools for each program is represented in Exhibit 12 and described on the following pages

Exhibit 12.

Client Indicators in Programs in the Children's Health Group

American Lung Association – Yes We Can
Children are in safe and healthy environments
Families can effectively manage their child's' chronic illness
Public Health Services – Nurse Home Visiting
Parents can identify locally available resources
Expectant mothers participate in adequate prenatal care
Children have a regular source of medical care
Improved parent are knowledge of child development
Pregnant women do not use tobacco, drugs, or alcohol
Public Health Services - COPE
Parents have access to locally available resources
United Cerebral Palsy – Great Beginnings
Children receive early intervention for developmental delays and other special needs
Parents are satisfied with their experience with developmental assessments

American Lung Association – Yes We Can used four different tools to capture a family's knowledge and ability to manage their child's asthma.

- *Home Environment:* Home Visitors used a checklist to identify the presence and severity of asthma triggers in the homes of children referred to the program. The provider used a scale of 1 – 3 to rate the health of 20 areas of the kitchen, living room, and child's bedroom. This checklist was used for each visit as a reminder of asthma triggers for the home visitor and for the client. The data collected by home visitors using this tool demonstrate that the number of asthma triggers in the house had decreased during the three home visits most clients received.

- *Child Assessment:* The parent, child and home visitors completed a set of subjective measures of symptoms and triggers in children. This tool also measured peak flow and other physiological information in children. Possible ranges for this assessment were from 0-30; a lower score suggests that the child knows little about asthma triggers. The average score at baseline was 16.6 indicating that participating children have some, but not complete, knowledge of asthma triggers in their environment.

- *Parent Survey:* Parents who participated in the program were asked about common asthma triggers including pets, allergies, and foods. Parent surveys were completed for 85 clients. Possible scores for the parent survey were 0-35; a low score indicates that the parent is unfamiliar with common asthma triggers and a higher score suggests relatively good knowledge. The average pre-intervention score was 29.8 indicating that parents have a good idea of asthma triggers.

- *Parent Behavior:* More than halfway through the program year, a behavior checklist was added to assess parent knowledge of treatment and management of asthma.[9] Following the home visit, the parent and visitor talked about the "First Aid for Asthma" materials that were distributed as part of the intervention. Parent behavior information was only collected for a small number of parents due to the late start of this evaluation component.

Public Health Services – Nurse Home Visiting used a modification of the Life Skills Progression, (LSP) by Linda Wollesen (2000). This tool includes several areas of family functioning, including access to health care on a scale for which clients can show improvement. The tool was modified to include those scales that were relevant for the Nurse Home Visiting Program. These scales included questions about:

- *Relationships with Family, Friends and Children*: This scale includes items relating to the client's relationship with their boyfriend, father of child or spouse, attitudes towards pregnancy, safety of child including unintentional injuries, and relationship with the visitor. Scores ranged between 5 and 25 – a lower score indicated less positive relationships. The average score at entry to the program was 19.0 fairly high functioning but room for improvement among the client population.

- *Health and Medical Care*: These items addressed prenatal care, health of the parent, family planning, preventive well-baby care, immunizations, and signs of premature labor. In a range of 7 and 35, with low scores indicating poor knowledge of health care issues. The average score at entry was 25.2 again indicating fairly high functioning but room for improvement.

- *Mental Health and Substance Abuse*: The mental health scale encompassed current substance abuse, tobacco use and self-esteem. The average score upon entry to the program was relatively high at 13.5 indicating that clients have somewhat healthy behaviors in this area.
- *Basic Essentials*: Basic needs items included assessments of the family's current housing, food security, transportation and medical insurance status; a low score suggests that basic needs are not met. In the range of 4-20, the average score during the first home visit was 16.6 indicating that some but not all basic needs are being met.

- *Infant Development & Care*: This scale included items on parents' knowledge of when to seek care for a sick infant, breastfeeding practices and access to and results of a developmental screening; a high score indicated good knowledge. In the range of 0-5, the average score at entry to the program was 4.0.

Public Health Service – Comprehensive Outreach and Perinatal Education (**COPE***)* used two tools in their evaluation; one to track outreach and referrals and a second to record the results of a telephone follow-up call to assess referral follow through.

[9] These tools were added as home visitors looked at data collected in Year One and felt that the original tools did not completely reflect the intervention provided.

Referral Tracking: More than one third (37.7%) of all women contacted by the COPE program were pregnant and were referred to the Public Health Nurse Home Visit Program. Other referrals made included: state programs such as Medi-Cal, WIC, Healthy Families, Head Start and Black Infant Health, prevention programs such as car seat, tobacco, and lead abatement referrals, and "basic need" referrals, for bus/transportation, a food bank or a domestic violence shelter.

Referral Satisfaction: Sixty-five percent of clients contacted following the referral were satisfied with services they had received.

United Cerebral Palsy – Great Beginnings… Better Tomorrows used two tools in the evaluation of their parent and peer based intervention. Recognizing that the program provided parents with new information and support during a sensitive time, the program used a satisfaction survey. In addition, the program used a child development screen to assess if children were developing on an regular pace.

- *Parent Satisfaction Survey:* This survey showed that parents were satisfied with their experience with the developmental assessment for their children. Parents answered questions about the waiting period, if the assessment addressed their concerns about their children, the helpfulness of the staff and their satisfaction with the results of the assessment. Of a possible range of scores between 6 and 35 where a low score represents dissatisfaction, the average score satisfaction for participating families was 32.1 indicating a high level of satisfaction with the services.

- *Child Assessments:* Baseline assessments show all participating children are "on track". At the time of this report no follow up developmental screenings were reported for children in the program, as the screening is not completed until after six months of intervention. Once data become available, these assessments will indicate if the intervention improves the trajectory of those children who were identified as needing intervention.

Results of the Key Informant Interviews

Program Successes:

<u>*Parent empowerment*</u> Across these service providers, a success highlighted by each of the programs was the empowerment of parents to seek care and advocate for their child/ren. Some programs successfully use peers as supports and sources of information.

<u>*Collaboration and reduction in service duplication*</u> Increased interagency collaboration and a reduction in the duplication of services was another found benefit of the programs. Specifically, one program that serves children with special needs was able to eliminate the duplication of developmental assessments conducted by separate agencies. Agencies are also able to help each other – translation and cultural competencies are two areas where programs turned to each other for help.

Illustration:

A young girl born with brittle bone disease was removed from her home by Children's Protective Services (CPS) prior to diagnosis (not knowing her condition rather than maltreatment had lead to broken bones). Her cognitive skills were age appropriate so she did not qualify for Regional Center Services. However, she had developed severe behavior problems, as her family was reticent to use any form of discipline as a result of her condition and their experience with CPS. The program was able to work with the family around the behavior problems and help the parents cope with her diagnosis.

Closing a gap in service delivery Children who did not otherwise qualify for services through existing programs were able to receive early intervention services, as were children who had "aged out" of another program at age three.

Time intensity of intervention Three of the four programs addressing child health provide home visitation, giving the family an opportunity to spend more time with a provider than in a traditional medical office setting. Also, providers have the opportunity to enroll families in health insurance programs (e.g. MediCal, Healthy Families) prior to a referral to a medical provider.

Reduced Isolation Five identified women who spoke an uncommon Native Mexican language from Oaxaca were very isolated due to language and cultural barriers. The home visitor was able to connect these women with each other for mutual support.

Illustration:

A child born with Down's Syndrome who had difficulty walking was eligible for cognitive therapy from the school district but not physical therapy, as the physical impairment was not regarded as inhibiting learning. The program was able to round out his developmental services, through the provision of physical therapy and he is able to walk fine now.

Program Barriers:

Staff Recruitment Difficulty in recruiting staff was a fundamental barrier to program implementation for programs funded in the Children's Health Group. Program staff indicated that professional and technical staff (public health nurses, occupational, speech, and physical therapists) are difficult to recruit due to significantly better pay in surrounding counties. Finding and keeping qualified staff was a barrier across most programs. One provider lamented, "I just thought there would be more out there." The ability to hire and train staff, and the relative inexperience of some of the new staff impacted the agencies ability to implement programs.

Client's reluctance to commit to programs Home visitation programs needed to get beyond clients' fears of having a stranger come into their homes. Other programs found that their model required too much time commitment on the part of clients. Some programs changed their dosage in response to these issues; others found ways to build trust between program staff and clients.

Transportation Once needs are identified for a family, accessing the appropriate service is difficult due to the geographical spread of service delivery locations in the county. Some programs reported that they have begun providing rides to clients to necessary appointments.

Language Programs had difficulty locating written materials in languages other than English. Although other funded agencies were a big help in this process, translations were done "in kind" or outside of the program budgets.

Conclusions

Improving children's health remains a large and elusive goal – the health of children and families is influenced by many factors, many well outside the purview of an intervention program. Programs funded in this group focused on changing knowledge and attitudes of healthy practices in several very specific areas. The experiences in the last year have highlighted the challenges to improving health in children and families. From these experiences, and the data collected by programs this year some conclusions emerge.

- Asthma is the leading chronic illness in children in California. Although asthma is a chronic disease, with effective management of triggers and health care, children with asthma can participate in most of the activities of childhood. Improving the abilities of families to manage this chronic disease may impact the long-term health and well being of a large number of children.

- Access to health care is influenced by personal beliefs, family income and socio-economic status as well as knowledge of the options available to families. A broad public education campaign to sign families up for health insurance programs such as Medi-Cal and Healthy Families may go far in improving the health of children in the County.

- Transportation and physical access to health care remains a barrier for families, especially those with low incomes. Even with insurance, many families cannot make it to the health care they need. Programs that served clients in this group reiterated the importance of a comprehensive model for improving child and family health that "meets a client where they are" and provides all kinds of supports.

- A holistic view of health, not just physical health but mental, emotional and developmental, provides a model for improving the overall functioning of children and families in the County. Programs and interventions that focus on the whole child and whole family in an effort to improve health often work with issues outside a myopic definition of health. These multi-faceted programs have a better chance of impacting the development of children than those programs that only focus on one component of health.

- Changing behavior is a difficult and long-term goal. Continued funding in children's health both through interventions with pregnant women, children and families as well as on a systems level can improve the health behaviors and health outcomes of the families and children of San Joaquin County.

Drug Alcohol and Tobacco Prevention and Treatment Group

The Drug, Alcohol and Tobacco Prevention and Treatment Group was developed to reduce parental substance abuse and exposure to children 0-5. Three agencies received in this group were funded in the fall of 2000 as part of Round 1.

Based on data collected in the Strategic Plan (2000), the Commission identified broad objectives for this Group.

- Objective 1.4: Reduce substance abuse, including tobacco and alcohol
- Objective 2.1: Eliminate use of tobacco, drugs and alcohol during pregnancy and by parents of young children

Funded Programs

- Lao Khmu Association – Health is Wealth
- Public Health Services – Tobacco Free Families
- Vietnamese Voluntary Foundation Inc. (VIVO) – Keeping Kids Safe

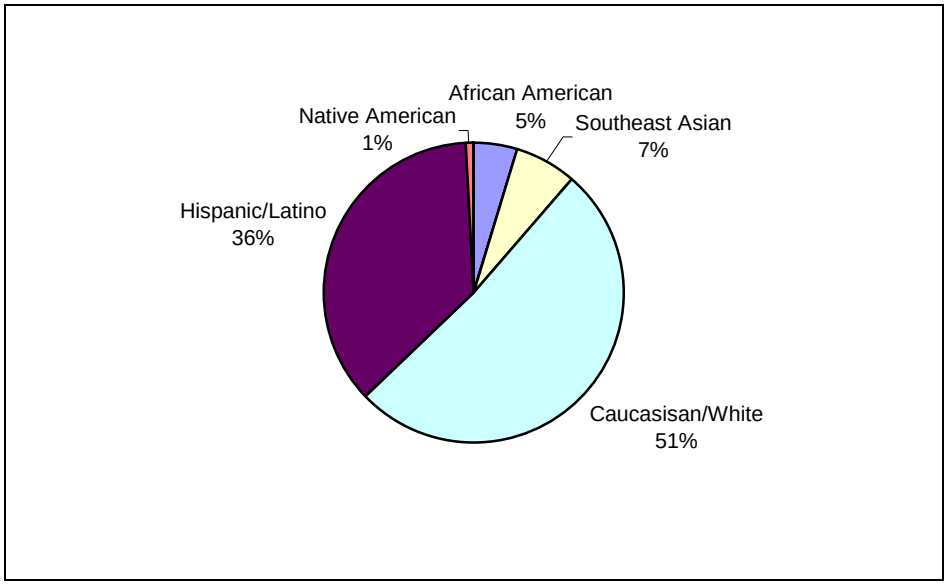
Strategies and Clients

Strategies used by two funded programs focused on reducing substance exposure to young children ages 0-5 by educating parents and caregivers about risk reduction behaviors. Specific strategies employed included outreach, home visitation and group education. The third program, a collaborative, served clients with young children who smoked or lived in households where there was secondhand smoke exposure.

All of the programs worked with families with young children; three of the programs served the Southeast Asian communities, specifically Vietnamese, Lao, and Hmong families. One program

that targeted Southeast Asian families, specifically Vietnamese and Hmong families. Therefore the proportion of clients served who are described as Asian is higher in this group. Ethnicity data from the three contractors in this group is presented as Exhibit 9.

Exhibit 13.
Race/Ethnicity of Clients Served in the Drug, Alcohol and Tobacco Group



Overall, more than 1,300 clients received services from the Drug, Alcohol, and Tobacco Group. This represents 7.4% of all clients touched by Commission funds this year. Because of the strong evidence for the links between tobacco and drug use in parents and caregivers, and because one of the explicit targets of these funds was for tobacco education, this overall focus on tobacco is appropriate. More than 300 parents and caregivers participated in programs in this group. Child care providers represent another large group served. Exhibit 14 presents the number and types of clients served by this group.

Exhibit 14.
Number of Clients Served by Type - Drug, Alcohol, and Tobacco Group

Client Group	Number	Percent
Teens	0	0.0%
Child Care Providers	190	14.1%
Children (0-5)	79	5.9%
Expectant Mothers	273	20.3%
Parents/Guardians	340	25.2%
Other Service Providers	66	4.9%
Other	400	29.7%
Group Total	**1,348**	**100.0%**

Indicators of Program Effectiveness

With the assistance of the evaluation consultant, each agency chose indicators that would be used to measure the impact of their particular program on their target client population. These indicators formed the basis for evaluation tools as well as for grouping programs for support and information sharing. These indicators will also be important as the Outcomes and Evaluation Reporting System (OCERS) is used as a tool in the next fiscal year. *A list of indicators linked to each funded program is attached to this report as appendix B.*

Evaluation Tools and Results

Most agencies used evaluation tools that were designed specifically for the curriculum or program they were implementing. Exhibit 15 shows the client indicators for each funded program in the Drug, Alcohol, and Tobacco Group. Programs with a ★ by their name collected pre and post intervention data that showed positive impacts for clients. Each program evaluation is described, followed by a brief description of the evaluation tools used.

Exhibit 15.

Client Indicators in the Drug, Alcohol and Tobacco Group

Lao Khmu Association – Health is Wealth
Improve parent's knowledge of harm reduction techniques (smoking)
★ ***Public Health Services – Tobacco Free Families***
Client knowledge of the effects of second hand smoke
Client readiness to quit smoking
★ ***Vietnamese Voluntary Foundation, Inc. (VIVO) – Keeping Kids Safe***
Client knowledge of the dangers of tobacco smoke

★Indicates that pre and post intervention data was collected and indicated positive results.

Lao Khmu Association – Health is Wealth used a tool to measure clients' knowledge of the detrimental effects of smoking, alcohol, and drugs. Based on a harm-reduction model, the program sought to reduce children's exposure to smoke and the effects of the alcohol, tobacco and drug use of their parents.

- *Use and Harm Reduction Tool:* Following the intervention, participants answered a series of open-ended questions about the effects of tobacco, alcohol and other drugs on children. The questions addressed why smoking in front of children is harmful, what the limit for drinking and driving is in California, and ways to protect the family from drugs and alcohol.

★ ***Public Health Services- Tobacco Free Families*** used several tools to measure attitudes towards smoking and knowledge of the harmful effects of smoking on children.

- *Pre and post test for secondhand smoke intervention:* Participants were asked about the risks of smoking, the chemicals in tobacco smoke, and the health risks associated with exposure to second hand smoke. Average scores for the clients who participated in the secondhand smoke intervention showed improved knowledge in these areas.

- *Pre and post-test for cessation intervention:* Participants answered questions about their smoking behavior and their readiness to quit upon entry and completion of the cessation intervention. Six scores were submitted for this evaluation tool smoking improvement in readiness to quit among program participants, too few to establish a trend in outcomes.[10]

★ ***Vietnamese Voluntary Foundation, Inc. (VIVO) – Keeping Kids Safe*** used a pre and post-intervention survey of parents participating in smoking awareness and harm reduction workshops.

- *Pre and post-test for knowledge intervention:* Parents were asked a series of questions regarding the risks of cigarette smoke. Answers were scored on a scale of 0-5 for five items, five additional open ended questions asked about the effects of nicotine, the health impact of exposure to tobacco smoke on children, and places were cessation assistance was available were included in the assessment. Comparisons of the pre and post intervention scores showed that participants were much more knowledgeable about the effects of tobacco smoke and local resources for quitting following the workshops.

[10] Although not measured by the evaluation instruments, anecdotal evidence supports the effectiveness of the hypnosis intervention for smokers.

Results of the Key Informant Interviews

Program Successes:

Tobacco education & harm reduction available to a broader audience One of the greatest successes of the programs funded under this Group is bringing the harm reduction message to parents of young children in their own language and in the context of their lives and own homes. Providers report witnessing parents changing their smoking behavior and limiting exposure to their young children. One provider summarized the philosophy of their program, "quitting is hard, harm reduction we can do."

Illustration:

One home visitor reported that a family purchased a computer for their child with the money they saved from not buying tobacco.

Establishing trust among community members Programs funded under this group placed a premium on first establishing trust with the families they served, offering services and information that were of utmost concern to the family and only then providing drug, alcohol and tobacco education. Some programs found ways of working within cultural belief systems. One agency that targets Vietnamese families uses physicians as a way to get information to clients because "people respect the authority

Program Barriers:

Transportation Especially among the immigrant community where women often do not drive or speak the language and are dependent on their husband, transportation was a significant barrier to successful implementation.

Family desire to maintain privacy Home visitors explain that families have very private lives and that they have to work around their defenses, as they do not want someone else to "tell them what to do."

Conclusions

The effects of alcohol, drugs and tobacco on the public's health are well documented. From the link between smoking and low birth weight, SIDS, and respiratory problems in children, to the long-term effects of second hand smoke, a large body of research connects the use of tobacco products to adverse health outcomes for all people, and especially children. The effects of drug use prenatally are seen in Intensive Care Units and in the numbers of children with developmental delays. Parental abuse of alcohol and other drugs impacts bonding, development and socialization in ways that are understood in the field and in research. From the Key Informant Interviews as well as the data collected by programs, several conclusions emerge.

- In the first year, programs funded in this group sought to improve the knowledge of parents and caregivers, rather than focusing on abstention or quitting the use of alcohol, tobacco and other drugs. This initial focus is appropriate given what we know about physical and psychological addictions. In subsequent years, or through intensive follow up with the initial clients, this knowledge can turn to changes in health behaviors. This is a more challenging goal, but not unattainable.

- Harm reduction strategies are another key to reducing the impacts of parental and caregiver use of substances. Strategies such as smoking outside, or with the car windows rolled down can both highlight the dangers of second hand smoke and reduce exposure in children. Again, these strategies are the building blocks for the more difficult outcome of abstention.

- Providers in this group encountered resistance to the interventions aimed at changing health behaviors. Providers used culturally appropriate methods for educating parents and caregivers about the dangers of smoking. The sensitivity to client needs – knowing the client population well – is a sophisticated model for program delivery and should be recognized.

Parent Education Group

On January 5, 2001 the Commission released an RFP for the Parent Education, Child Care, and Special Projects Initiative. The Parent Education Group supports the needs of parents to develop knowledge, skills, and expertise as their children's first teachers. Many parents express interest and desire to know more – and be more skilled – in these areas. The Commission's objectives for this group are:

- Objective 1.1: Increase parental knowledge of parental and early childhood development
- Objective 3.5: Increased parental knowledge of children's growth and cognitive development and the need for brain stimulation
- Objective 3.6: Increased to proportion of children who are developmentally, socially, physically**,** and intellectually ready to start school

Funded Programs

- Child Abuse Prevention Council – Creating Healthy Environments for Children
- Easter Seals – Great Beginnings…Better Tomorrows
- Library Literacy Foundation – Training Wheels
- Manteca Unified School District – Family Enrichment and School Readiness
- Office of Substance Abuse – Recovering Families
- United Way – Success by 6
- Concilio – Telacoo Program
- Vietnamese Voluntary Foundation - Gateway to Growth
- Charterhouse – Community Alliance for Positive Self-Sufficiency

Strategies and Clients

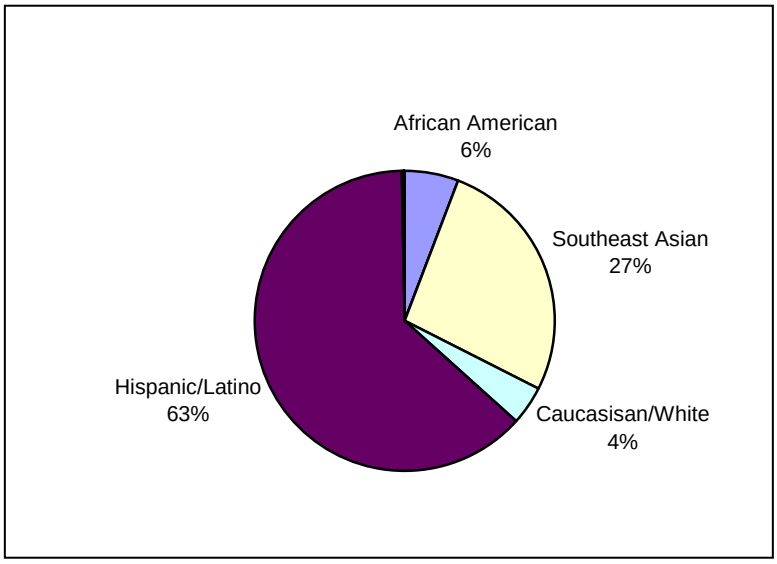
The Parent Education Group was perhaps the most broad of the Commission's investments in early childhood. Programs and projects funded by this Group served a wide variety of clients with a variety of specific needs. The program models were also quite varied – programs offer parent support groups, individualized support, workshops, and home visitation.

Three projects target specific ethnic or language groups (Hmong, Vietnamese, and Hispanic Spanish speaking). Some worked with general parenting issues – how to be an effective teacher, how to use positive reinforcement, the impact of reading on brain development, and methods for stimulating cognitive development in young children. Programs also targeted very specific needs of families, one worked with families recovering from substance abuse, another with families who have been victims of domestic violence or sexual abuse, a third worked to improve the formal educational attainment of pregnant and parenting teens, a fourth the worked with parents to teach water safety.

Exhibit 15 presents the racial and ethnic breakdown of clients served in this Group. The client population was primarily Hispanic/Latino and the next largest group was Southeast Asian. Since three projects targeted specific ethnic/language groups, these results are not surprising.

Exhibit 15.

Race/Ethnicity of Clients served in the Parent Education Group



Since many participating parents have more then one child, the number of children served in this group is high. More than 3,000 clients were served in the Parent Education Group. Overall, 18.7% of the clients seen by Commission – funded programs were part of the Parent Education Group. Appropriately, parents made up the next target groups of clients, with child care providers third in size. One quarter of all parents served this year received some sort of parent education, more than

half of the child care providers touched by the Commission funds were seen by these ten programs. One program that saw many child care providers focused on early literacy, a set of skills that are important for all caregivers. Exhibit 16 presents the number of clients served, by category, as of April 30, 2002 for the group as a whole.

Exhibit 16.

Number of Clients Served by Type and in the Parent Education Group

Client Group	Number	Percent
Teens	15	4.5%
Child Care Providers	232	7.0%
Children (0-5)	2,680[11]	80.3%
Expectant Mothers	79	2.3%
Parents/Guardians	838	25.1%
Other Service Providers	0	0.0%
Other	10	3.0%
Group Total	**3,339**	**100.0%**

Indicators of Program Effectiveness

With the assistance of the evaluation consultant, each agency chose indicators that would be used to measure the impact of their particular program on their target client population. These indicators formed the basis for evaluation tools as well as for grouping programs for support and information sharing. These indicators will also be important as the Outcomes and Evaluation Reporting System (OCERS) is used as a tool in the next fiscal year. *A list of indicators linked to each funded program is attached to this report as Appendix B.*

Evaluation Tools and Results

Since the curriculum and strategies of each program were so diverse, the majority of programs used a self-designed tool for evaluation. These tools were developed based on models of tested and validated tools, but were generally quite unique in their implementation. Exhibit 15 shows client outcomes measured by programs. Programs with a ★ by their name collected pre and post intervention data that showed positive impacts for clients. Each program evaluation is described, followed by a brief description of the evaluation tools used.

[11] The Library Literacy Foundation served a large number of children once. Please see the explanations of programs and tools below for more information.

Exhibit 17.

Client Indicators in the Parent Education Group
Charterhouse Center – Community Alliance for Positive Self-Sufficiency
Improve interactions between parents and children
Improved social and emotional development of children
Child Abuse Prevention Council – Creating Health Environments for Children (CHEC)
Improve overall family functioning
★ ***City of Stockton Parks and Recreation – Water Waves***
Parent knowledge of water safety
Easter Seals – Special Families Support
Improve overall family functioning
Improve parent's knowledge of locally available resources
★ ***Library Literacy Foundation of San Joaquin County – Training Wheels***
Increase number of parents reading to their children
★ ***Manteca Unified School District – Family Enrichment and School Readiness Program***
Improve overall family functioning
Teen parents complete requirements for high school graduation
El Concilio – Telacoo Program
Improve overall family functioning
Improve parent's knowledge of locally available resources
★ ***Vietnamese Voluntary Foundation Inc. (VIVO) – Gateway to Growth***
Parent's knowledge of children's physical development
Parent's knowledge of children's social and emotional development
Parent's knowledge of children's cognitive development
Improve parent/ child interactions

★Indicates that pre and post intervention data was collected and indicated positive results.

Charterhouse Center – Community Alliance for Positive Self Sufficiency provides parent education to promote family self-sufficiency to parents in the Montezuma School area. Living in the Farmington Road apartment complexes, Hmong parents are clients for this program and participate in parent support groups, workshops, and home visitation.

- *Parent Assessment:* This tool is used at intake, 6 months and then annually to describe interactions between parents and young children. The home visitor completes this tool as they observe parent interactions with their children. Parents who demonstrate positive interactions score high on this assessment. In this evaluation period, data was collected at intake for 34 families using this tool: the average score was 39.2 on a scale from 20-80 indicating room for improvement among the targeted clients.

- *Child's Behavior Traits:* This tool is completed by the parent or caregiver and identifies socio – emotional behaviors including "cooperative with adults" to "seems self-confident, not timid." The tool is adapted from a standardized measure of children's behaviors. Thirty-three parents completed this assessment; the average baseline score was 43.4 (scale of 20-80) indicating that outcomes for children can improve in this measure.

Child Abuse Prevention Council – Creating Healthy Environments for Children (CHEC) is a peer and neighborhood based home visitation program that seeks to prevent abuse and neglect by promoting bonding between parents and infants.

- *Family Stress Checklist:* This checklist covers major life domains of a family and is completed by the home visitor during and following an appointment with a family. For use in evaluation, we removed those items that were related to situations of the life of a family that could not change (e.g. history of abuse).[12] For the nine families seen this year, the average score on the modified checklist during the first visit was 28.3 of a possible 59 points.

★ ***City of Stockton, Parks and Recreation Department - Water Waves*** provides water safety instruction for parents. The Water Waves Program originally identified three evaluation tools, but due to a change in the scope of the program, only one was used.

- *Parent knowledge of water safety.* Following a class on water safety for children parents demonstrated a high level of water safety knowledge after attending the course.

Easter Seals – Special Families Support Program provides in-home mental heath counseling and support services for parents of children with special needs.

- *Modified Monterey Life Skills Progression (LSP):* The LSP was modified to be appropriate for this intervention. A section on "Systems Knowledge" including scales on Special Education and Regional Center were added to the LSP for this population. The child development area was eliminated because a developmental screening was completed as a criterion for entry into the program. Only two families had an assessment completed at the time of data collection for this report. This is due both to a delay in program start-up and identification of an evaluation instrument.

El Concilio – Telacoo Program provides brief mental health counseling and weekly parent groups for low income Spanish speaking families and their children 0-3. Topics covered in the training include adjustment disorder, and discipline vs. punishment.

- *Modified Monterey Life Skills Progression (LSP):* For those parents receiving individual mental health counseling, the staff complete a modified LSP to assess the environment and development of the family and child in a holistic manner at intake

[12] See notes in Section IV. Evaluation and Challenges.

and at the final session. LSP data was collected for a small number of participating families in this time period.

- *Pre and post-test:* This tool was designed specifically for the Telacoo program and measures both parent knowledge and awareness of community services. The survey is administered during the first group session and after the 12th session. Data was collected for six participants this year and shows improvement in knowledge and awareness.

★ ***Library Literacy Foundation of San Joaquin County – Training Wheels*** provides family literacy programs focusing on children aged 0-5 in underserved areas of the County. This mobile literacy program works with parents and caregivers about the importance of reading and early literacy in brain development.

- *Parent and Caregiver Survey:* This survey collects demographic and ethnicity data about clients of this program including reading and early literacy parent and caregiver practices. In 49 pre and post surveys, the program saw an increase in the number of parents who reported sharing books or other reading materials with their children.

- *Library Card Sign - up*: Since another goal of the library program was to provide access to the library, the program measured the number of new library cards that were provided. In all, 167 new cards were given to new families participating in the literacy program.

★ ***Manteca Unified School District – Family Enrichment and School Readiness Program*** is an after school intervention for pregnant and parenting teens in the school district. The program provides support and tutoring for teen mothers as well as teaching about parenting and providing an enriched pre-school experience for children. In addition to the tool used below, this program tested a new scale of parent-child bonding and colleted satisfaction information about the after-school presentations. The bonding tool is being revised, and the satisfaction measures helped the program coordinators improve their presentations.

- *Modified Monterey Life Skills Progression:* This tool was modified to include educational attainment on a more relevant scale and to emphasize the importance of supportive relationships in the lives of parenting teens. For 12 women served this year, the program saw improvements in relationships with parents and families, nurturing behavior, reading to children, and discipline practices.

SJC Office of Substance Abuse – Recovering Families Collaborative serves families recovering from the substance abuse of a parent or guardian and teaches about effective parenting and brain development. The program used a pre and post-test design to measure the impact of the classes on participating parents.

- *Parent Knowledge Pre and Post Test:* This tool was designed around the particular curriculum used by the collaborative and includes questions about the effects of alcohol and

drug use during pregnancy, use of discipline and positive reinforcement, and developing self esteem in children. We received pre and post-tests for eight participants, who showed an improvement in average scores.

United Way Success by 6 – Parents as Teachers provides home visitation and parent education classes that target both mothers and fathers and seeks to improve knowledge and skills of parents. The curriculum also connects families to community resources.

- *Parent Knowledge:* Developed with the Success by 6 curriculum, this tool measures parents' knowledge of child development, cognitive development and developmental delays and parental expectations. The knowledge survey is completed at intake into the program and every six months. This tool was not used by enough clients to indicate a trend in client outcomes.

★ ***VIVO – Gateway to Growth*** offers parenting classes to Vietnamese families. Workshops cover physical, cognitive, social and emotional development of children. Home visitation is also used as a follow up to the workshops. For some families parent-child interactive sessions allow families to practice, in a guided setting, some of the skills they have learned in the program. The pre and post-tests measure parents' knowledge of child development before and after each of the program components.

- *Physical Development:* Parents were asked several questions about physical development of children during pregnancy and of children 0-5. Items included questions about the rate of development of children and of parental expectations. Data were collected for 25 parents who participated in the physical development workshops.

- *Social and Emotional Development:* The social and emotional development of children was also measured using a pre and post-test design. The average scores of 22 parents who participated in the workshops improved over the course of the intervention.

- *Cognitive Development:* A difficult component of the intervention, parents were asked about cognitive development of children within a culture that has different beliefs than the United States. Parents showed marked improvement in pre and post-test scores for this workshop.

- *Parent Child Interactions:* Providers used two scales from the Monterey Life Skills Progression to rate the interactions between the parent and child. Data from 16 participants showed improvement in this measure.

Results of the Key Informant Interviews

Program Successes:

Reaching the intended population Across sites, each of the programs reported great success in reaching the population intended. None of the service providers reported any difficulty in client recruitment, gaining trust or community support. However, one noted that since they are under the auspices of another program they sometimes lose clients during the intervention.

Increased parental engagement with young children Service providers saw parents become more engaged with their young children. Parents who were initially reticent to participate in the home visits became engaged and began to participate in activities such as singing, reading, and building with blocks with their child/ren. One provider shared, "we've taught [parents] that their role is not just to help with the child's eating and sleeping, but with their learning."

Modeling of positive parenting practices Parents and other relatives in the home began to model the parent educator, speaking more directly to their young child/ren, not just giving commands but explaining things in a calmer more interactive style of communication. "We come in with one goal, but then work on self –esteem and other issues. We've helped get people jobs, housing, helped them with stress and budgeting."

Reaching otherwise underserved population This funding enabled programs to expand their services to reach otherwise underserved populations, geographically isolated families, fathers, low-income single parents, families with a criminal history, and parents in need of mental health services.

Illustration:

One provider explained that they are able to reach a lot of single parent families who were displaced when the Single Room Occupancy (SRO) hotels closed in downtown Stockton and families were relocated to migrant camps—"we take the service to them. Children come running when the vehicle pulls up yelling 'Books, Books, Books.'"

Increased collaboration Commission funding has opened the door to increased collaboration among agencies. In particular, collaborations have been forged among providers who are not traditionally viewed as human service providers and those more veteran community based organizations.

Illustration:

A father with a substance abuse history who has an 8 month old child sought out the program as his therapist explains because he "remembered what had happened to him (abuse) at that age and was beginning to reject his child—he wanted to build a relationship with his child. Since he has been in recovery and the parenting class his four year old child who was previously not vocal, is becoming more vocal."

Provider Training One program indicated that this funding enables them to provide training opportunities for mental health and social work professionals, especially those who speak Spanish.

Parent Empowerment Similar to the success identified in by programs addressing child health, parenting programs found that parents who receive their services are more empowered to seek additional services in the community.

Program Barriers:

Transportation Most programs report transportation to be a difficulty for parents to overcome in order to receive on-site services. One program has altered its mode of service delivery, to in-home services, in order to overcome this obstacle.

Illustration:

A group of Spanish speaking parents wanted to take their children to Children's Museum but were intimidated because they did not speak English. Program staff encouraged them to go as a group and now the mothers have enrolled their children in gymnastics and are taking advantage of many other community programs for young children.

Early Childhood Mental Health The need for mental health services among the 0-5 population, specifically, infant/parent therapy, was identified by numerous service providers during the interviews.

Measuring and making change in culturally defined belief systems A number of service providers brought to light the difficulty of influencing parenting behaviors due to fundamental differences in belief systems. This presents a challenge to programs both in providing parenting education and evaluating the intervention.

Illustration:

Interviewees who served a predominately Vietnamese population explained, "what a service provider might consider to be a change in knowledge is really a shift in a belief-system. For example, environmental influences on brain development are considered to be knowledge based because we have scientific proof that the brain responds to stimulus and we believe in science. In the community, on the other hand, there are parents who believe intellect to be God-given and thus there is no way to influence it. It's hard to impact this belief in a workshop."

Cultural differences
One cultural difference that influenced the method of service delivery was the preference for professional rather than peer support. Specifically, one program found the curriculum they had identified inappropriate for the Hmong population as it is based on peer support and the Hmong parents preferred a leader or teacher. Similarly, the difficultly of engaging a parent as the child's teacher was mentioned frequently by programs serving Southeast Asian parents as they tended to view the home visitor or service provider as the teacher.

Language barriers
Although most programs had staff capabilities in the most common languages of the clients (Spanish, Vietnamese, Hmong); other families such as the Punjabi are underserved due to language barriers.

In one particular curriculum children are encouraged to learn the language spoken in the home. Home visitors find it difficult to convince families to "buy in" to participating in the program, as they want their child to learn English to prepare for school.

Illustration:

A home visitor was working with a mom who spoke English yet her two year old only spoke Hmong. The home visitor explained that "the child did not like the home visitor and ruled the house, the mom was very meek. There was no language interpretation for the child. The mom said she did not want to be in the program because the child flushed a program toy—the spoons to a tea set—down the toilet on one of the visits. We transferred the case to a Hmong speaking home visitor and the child could understand and finally was happy with home visits and both the mom and child are still in the program."

Parents fearful of door-to-door outreach In one program parents had previous experience with con artists using a child's name for a financial scam. Other programs reported an initial fear of home visitors by undocumented parents who expressed concern that the services were in some way related to the government.

Collaboration difficulties Only one program mentioned difficulty in collaboration, partnering with another agency to provide services planned during the development of the proposal. Most remarked on positive experiences with collaborations – new and existing – within the agencies funded by the Commission.

Conclusions

Parent education is a relatively new type of support for families with young children. Based on a prevention model, parent education seeks to prepare parents for the process of raising children by improving knowledge of child development, mentoring appropriate and effective discipline techniques and providing special support for families with significant needs. The Commission's investment in parent education is broad and has shown great promise. Four conclusions can be made about the investments in parent education.

- Parents who were not formerly part of the system of supports for families with young children – first generation immigrant families, families with language or cultural barriers, families who are disenfranchised though previous experiences with law enforcement and substance abuse treatment – were served though innovative and culturally specific programs for parent education.

- Topics covered in the parent education interventions were broad. From water safety to reducing the incidence of drowning of young children to providing books and library cards

to communities without a permanent library, these programs addressed needs of families in simple but elegant ways.

- Most programs focused on impacting and measuring parent knowledge in the first year. As in the Children's Health Group, many of these programs targeted improvement in understanding of key issues for child development and effective parenting in the first year. Subsequent work with clients may be more difficult, as the programs begin to impact behavior. The strong base onto which the second year will be built should serve these programs well.

- Programs who sought to make meaningful but realistic changes in their client's knowledge and understanding were more successful than those who designed overly ambitious programs. Again, those who knew their clients well and had realistic expectations for the outcomes of relatively short interventions were more able to meet the needs of their clients.

Child Care Group

On January 5, 2001 the Commission released an RFP for the Parent Education, Child Care, and Special Projects Group. The Child Care Group was designed to address the needs for high quality, accessible child care in high need areas in San Joaquin County. Based on information from a report produced by the San Joaquin County Office of Education Local Child Care Planning Council *The Status of Child Care and Development Services in San Joaquin County,* this Group specified four objectives.

- Objective 3.1: Increased number of qualified child car providers and quality child care programs
- Objective 3.2: Increase number of child care slots
- Objective 3.3: Increase access to child care for children with special needs
- Objective 3.6: Increase proportion of children who are developmentally, socially, and intellectually ready for school.

Funded Programs

- Child Abuse Prevention Council – First Step Expansion
- Lot of Tots Child Development Center – Quality First Program

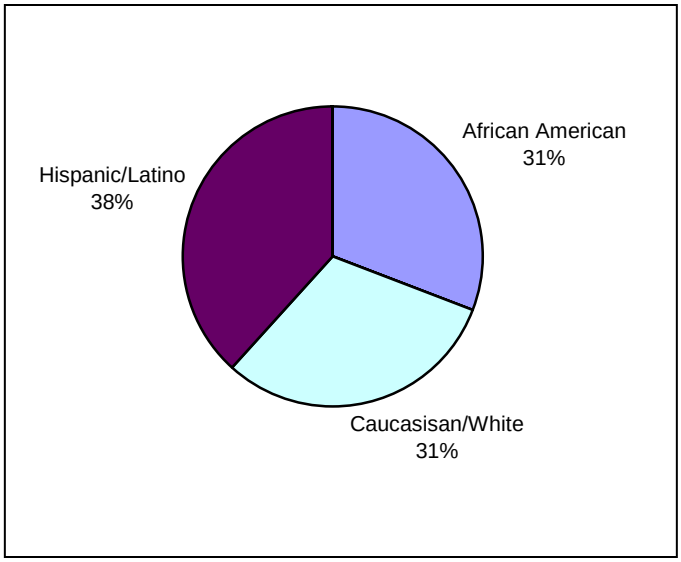
Strategies and Clients

Two contractors were funded in the Child Care Group. The Child Abuse Prevention Council (CAPC) will receive money from the Commission when renovations of their building site are complete. After that time, CAPC will provide additional slots for respite care for children at risk of abuse and/or neglect, child care for children with special needs, and case management for children in care including assessment and referrals for physical, mental and dental health care. Renovations are not complete and data collection has not begun for this contractor.

The data presented below represents only the second contractor. Lots of Tots, a preschool program, implemented a multi-faceted quality improvement project that included a new curriculum, new supplies, and a set of financial incentives to encourage providers to complete more units of course work in early childhood education.

The ethnicity of clients served by this program is presented in Exhibit 18. The population is fairly evenly spilt between African Americans, Hispanic/Latino and Caucasian/White clients.

Exhibit 18.
Race/Ethnicity of Clients Served in the Child Care Group



To date, this group represents a very small proportion of the total clients served (less than 1%) by the Commission. Fifty-eight clients (32 children, 13 child care providers and 13 parents/guardians) were touched by the child care allocation this year. It is important to keep in mind that the figures presented in Exhibit 16 represent the contribution of a single program to the total number touched by the Commission funds.

Exhibit 19.

Numbers of Clients Served by Type and in the Child Care Group

Client Group	Number	Percent
Teens	0	0.0%
Child Care Providers	13	22.4%
Children (0-5)	32	55.2%
Expectant Mothers	0	0.0%
Parents/Guardians	13	22.4%
Other Service Providers	0	0.0%
Other	0	0.0%
Group Total	**58**	**100.0%**

Indicators of Program Effectiveness

With the assistance of the evaluation consultant, each agency chose indicators that would be used to measure the impact of their particular program on their target client population. These indicators formed the basis for evaluation tools as well as for grouping programs for support and information sharing. These indicators will also be important as the Outcomes and Evaluation Reporting System (OCERS) is used as a tool in the next fiscal year. *A list of indicators linked to each funded program is attached to this report as Appendix B.*

Evaluation Tools and Results

Exhibit 20 shows the client indicators for the two programs funded in the child care group. Programs with a ★ by their name collected pre and post intervention data that showed positive impacts for clients. Each program evaluation is described, followed by a brief description of the evaluation tools used.

Exhibit 20.

Client Indicators in the Child Care Group
Child Abuse Prevention Council – First Step Expansion
Child Behavior and Social/ Emotional Development
★ ***Lots of Tots – Quality First***
Improve Training of Child Care Providers
Teacher satisfaction with new curriculum
Parent satisfaction with new curriculum

Child Abuse Prevention Council – First Step Expansion will collect information from providers about children in their care and will track numbers of children who receive respite care.

- *Eyeberg Child Behavior Inventory:* This tool is standardized to describe children's behaviors in a variety of settings. Caregivers complete a series of 36 questions about the child's behavior, and indicate if any of these behaviors are currently problems.

★ ***Lots of Tots – Quality First Program*** has three evaluation tools and one needs assessments tool to document participant outcomes. The "Lots of Tots" preschool program received funding to improve the quality of child care provided in their program by expanding hours of operation to include "non traditional" hours of care, increasing the training and professional development of providers by offering financial incentives, improving the language capacities of professional staff, starting a parent workshop around preparing children for school, and providing quality materials to child care providers. The primary clients in this program are child care providers, with secondary impacts on parent knowledge and child outcomes.

- *Parent Survey/ Needs Assessment:* A survey is scheduled to be sent to families via mail that will provide information to describe the level of need for child care. This survey has not yet been mailed.

- *Continuing Education Units:* Staff at Lots of Tots tracked the number of Early Childhood Education (ECE) units each provider completed throughout the contract period. The thirteen participating teachers completed 260.5 units in the contract period. Some providers completed an Associates (AA) or Bachelor's (BA) degrees during the contract period.

- *Teacher Survey:* Completed by the participating teachers, this tool measured satisfaction with the new curriculum. The tool also asks about changes in children's learning, social, and emerging literacy behavior. All found the curriculum helpful with one teacher reporting, "I think it has everything, it even has what day to do what activity for the whole month."

- *Parent Survey*: Parents of children enrolled in the Lots of Tots program were asked about any changes they have seen in their children since the inception of the new curriculum. They were also asked about their satisfaction with the child care and development services

their child receives. The 13 parents who completed the survey were scored on a 0-8 point scale, with an average score of 4.3.

Conclusions

Although only one program was implemented this year, the multiple interventions implemented showed great promise for improving the quality of child care in this mid-sized setting. As a public policy, child care carries many complex issues. Child care is an expensive and complicated issue. The results measured in the first year of the program funded in the Child Care Group indicate that improvement in the quality of care is possible with an effective program model.

- Starting small and clear seemed to be a key to the success of the child care quality improvement program implemented this year. With changes to curriculum and incentives for improving the number of ECE units for providers, this program used the latest and best of research findings to improve the quality of care for a group of children.

- The Commission's commitment to systemic improvements in the child care system should build on the experience of the programs funded to date in child care. The process underway in Year Two can provide a larger group of planners to help solve some of the enduring challenges in improving child care.

Special Projects Group

"Special Projects" were funded to encourage programs to address objectives that fell outside of the four major groups. Special Projects were funded in both Rounds (October 2000 and January 2001). The projects funded under Special Projects provided an array of services including provider training on child abuse reporting requirements, pregnancy prevention, and domestic violence and child abuse prevention.

- Objective 1.2: Reduced Child Abuse
- Objective 1.3: Reduced incidence of domestic violence
- Objective 1.6: Reduced unintentional pregnancies
- Objective 2.7: Reduced incidence of teen pregnancies

Funded Programs

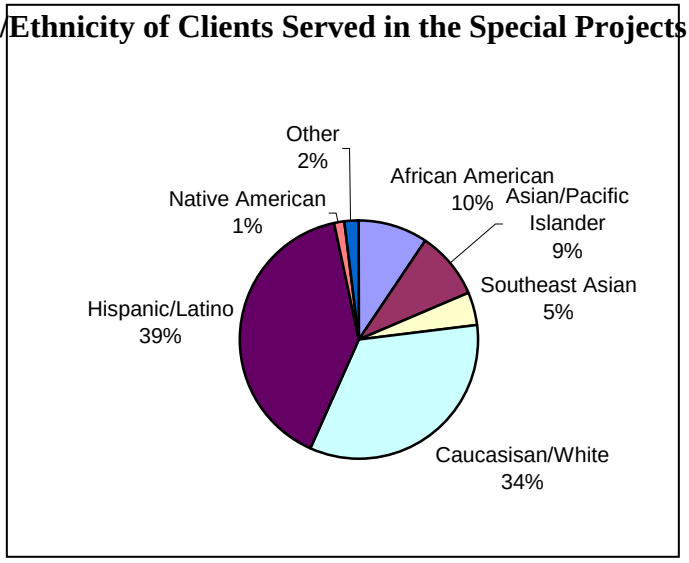
- Child Abuse Prevention Council – Mandated Reporter Training
- Delta Heath Care – Every Child Needs to be Wanted
- Planned Parenthood Mar Monte – Teen Talk
- The Women's Center of San Joaquin County – Child Abuse Prevention
- The Women's Center of San Joaquin County – Domestic Violence and Childhood Sexual Abuse Reduction

Strategies and Clients

Of the three of the programs providing pregnancy prevention services, two address adolescent pregnancy prevention while the third is designed to improve accessibility and use of family planning services. Two of the special project provide education to service providers.

The racial/ethnic composition of the clients served in special projects is similar to those served overall by the Commission during this period. A slight majority was Hispanic/Latino (39%) followed by White (35%). Exhibit 21 shows the descriptions of clients by racial/ethnic group.

Exhibit 21.
Race/Ethnicity of Clients Served in the Special Projects Group



In the six main target population groups, the Special Projects group touched more than 5,000 people. The largest group (41%) are children 0-5, followed by parents and guardians. Exhibit 22 shows the numbers of clients served in this group.

Exhibit 22.

Numbers of Clients Served by Type and by the Special Projects Group

Client Group	Number	Percent
Teens	7,956	63.1%
Child Care Providers	0	0.0%
Children (0-5)	2,081	16.5%
Expectant Mothers	0	0.0%
Parents/Guardians	1,186	9.4%
Other Service Providers	507	4.0%
Other	875	6.9%
Group Total	**12,605**	**100.0%**

Indicators of Program Effectiveness

With the assistance of the evaluation consultant, each agency chose indicators that would be used to measure the impact of their particular program on their target client population. These indicators formed the basis for evaluation tools as well as for grouping programs for support and information sharing. These indicators will also be important as the Outcomes and Evaluation Reporting System (OCERS) is used as a tool in the next fiscal year. *A list of indicators linked to each funded program is attached to this report as Appendix B.*

Evaluation Tools and Results

Most of the programs funded as Special Projects collected sufficient pre and post intervention data to show positive results for clients. Programs with a ★ by their name collected pre and post intervention data that showed positive impacts for clients. Each program evaluation is described, followed by a brief description of the evaluation tools used.

Exhibit 23.

Client Indicators in the Special Projects Group
★ ***Child Abuse Prevention Council – Mandated Reporter Training***
Caregiver's knowledge of mandated reporting responsibilities
★ ***Delta Health Care – Every Child Needs to be Wanted***
"No show" rates, Lodi Clinic
"No show" rates, Stockton Clinic
★***Planned Parenthood Mar Monte – Teen Talk***[13]
Teen self-esteem and high risk behavior
San Joaquin County Office of Education – SJC Teen Pregnancy Coalition
Self-esteem and high risk behavior
★***Women's Center of San Joaquin County – Child Abuse Prevention Project***
★ ***Women's Center of San Joaquin County – Domestic Violence and Childhood Sexual Abuse Reduction***[14]
Children's knowledge of personal safety
Teacher's knowledge of signs of sexual abuse and appropriate responses
Parent's knowledge of signs of sexual abuse and appropriate responses
Child Coping during crisis intervention
Parent Coping during crisis intervention
Parent's knowledge of the effects of domestic violence on children

★ ***Child Abuse Prevention Council - Mandated Reporter Training Program*** used a pre-post test instrument designed to measure mandated reporters' change in knowledge after the workshop. The instrument is comprised of twenty questions and was created by staff responsible for training to measure very specific knowledge regarding reporting requirements. The possible scores for the test were 29 points. This year, 183 providers took the pre and post-test. Comparison of the pre and post-test indicated an increase in knowledge.

★ ***Delta Health Care – Every Child Needs to be Wanted*** hired a medical case manager who made follow up call for women who have a scheduled medical appointment at clinics in Lodi and Stockton. By looking at the "no show" rate for year one and from the previous year before the medical case manager was hired, the data show a decline in "no shows" for almost every month since this project began.

[13] The Planned Parenthood Program saw increased in teens reporting high-risk behaviors in Year One. As explained in more detail in the accompanying text, this is a positive outcome for this program.
[14] Because both programs use the same evaluation tools, these indicators are listed together.

★ ***Planned Parenthood - Mar Monte Teen Talk*** addressed self-esteem and high-risk behavior by assessing teen clients with a Behavioral Matrix including measurements of mental health, physical health (including birth control use), and relationships. The instrument was administered at intake and then quarterly. Results from teens assessed showed a decline in scores indicating an increase in risk behavior. The data show a decline in scores from pre to post intervention.

The decline in scores may be due to the timing of instrument administration. Teens who have not yet developed a relationship with a counselor are unlikely to share their high-risk behaviors, thus the measurement at intake was a presumably less accurate measure of true behaviors than the measurement at three months. As the intervention is ongoing, we anticipate scores to improve at the 6th and 9th month measurements.

San Joaquin County Office of Education - SJC Teen Pregnancy Prevention Coalition administered a 29-item survey to students participating in their family life education curriculum. The survey was designed for a research project and no post-intervention data are available yet.

★ ***Women's Center of San Joaquin County - Child Abuse Prevention and Domestic Violence and Childhood Sexual Abuse Reduction*** targeted child victims of sexual abuse ages 0 to 5, their parents, caregivers and educators, and children who have witnessed domestic violence and their non-offending parent. Children increased their knowledge when given a pre/post test following a presentation on prevention and education.

- *Knowledge of signs and symptoms of childhood sexual assault* Educators and parents were given a pre/post test following a presentation on prevention and education; the results show an increase in knowledge.

- *Coping skills* Parents and children were observed during crisis visits, with a high score indicating having high family functioning and low crisis level, and a low score indicating having low family functioning and a high crisis level. Assessments were made following intervention and advocacy to measure if the family was coping more effectively. Scores showed improvements in family functioning.

- Effects of domestic violence on children. Women who entered the shelter were given a pre/post test which measured how aware the mother was of the effects of domestic violence on her children, resources within her community, as well as if she and her children had a safety plan. All of the women who took the test had a great increase in their level of knowledge of abuse, community resources, and the effects of domestic violence.

Program Successes:

<u>*Reaching the population*</u> Overall programs report that it is easy to reach providers to arrange trainings and clients to enroll them in the program. One of the teen pregnancy prevention projects received calls from parents wanting to enroll their daughters in the program after it was already at capacity.

Improved familial communication The adolescent pregnancy prevention programs identify improved communication between teens and adults, specifically, teens and their parents and teachers to be a program benefit.

Program Barriers:

Unanticipated result of intervention
One program reported that Child Protective Services workers reported an increase in child abuse reporting after a training; much of which is deemed unnecessary (e.g. parent yelling at their child in the grocery store).

Illustration:

One provider reported that a "middle eastern teenager come to me because she was worried that she was pregnant, she has an older boyfriend and was not connected to any community resources and not talking to her parents. I connected her to a clinic to get a pregnancy test and role-played talking to her mother. It turns out she is not pregnant but her mother is very pleased with the program for enabling her to talk with her."

Conclusions

The allocation of money outside the main initiative appears to have sparked both creativity and solutions to the specific needs of children and families in the County. These special projects were variable, unique and innovative. Where program models were simple and logical, some great successes were reported. The Special Projects group had some of the best results of any group. Conclusions from the data collected and the key informant interviews follow:

- The Central Valley continues to have elevated rates of teen pregnancy. Unintended pregnancies, not just those among teens, carry greater risks for adverse birth outcomes, the pregnancy prevention programs funded through Special Projects used innovative methods to help address this need. Building self-esteem and encouraging healthy behaviors continues to be an innovative and effective way to reduce unintentional pregnancies.

- The system of supports for families experiencing domestic violence, and/or sexual and physical abuse depends on the diligence of those who interact with children as well as effective responses to crises and critical needs. While these programs can be characterized as improving health, the subtleties and challenges of this work warrant extra attention. Some promising practices, upon which improvements in the system of care and supports can be built, have emerged from this group.

SECTION IV. EVALUATION QUALITY

The Commission has shown a commitment to strengthening the capacity of funded organizations to collect and analyzes evaluation data. Because this year represented the first time some agencies had been required to collect such data, the variations in expertise impact the ability to show results for clients. Results – based accountability is a new concept in human services and the vast majority of agencies have embraced this methodology.

The quality of the evaluation data is influenced by several factors including the quality of the design of the intervention. The quality of evaluation data is not synonymous with *the quality of the interventions* and we do not attempt here to measure the quality of the intervention.

The following analyses describe the capacity strengthening outcomes for organizations implementing evaluation plans to date. Two primary questions guide these analyses:

> *Quality of Tools: Are the measurement tools appropriate?* Do the evaluation tools measure the expected change in outcomes for clients? For example, if the program seeks to effect behavior change, the evaluation tool should allow for observation of behaviors rather than test knowledge.
>
> *Quality of Implementation: Is the evaluation plan consistently implemented?* Do organizations use the evaluation tools for the majority of clients who receive services? Consistent implementation helps assure that the evaluation process measures the impact of services for all clients, not simply those who have the best, or worst experiences with the programs. In addition, the tools should be used in the manner they were designed to be used – for example, a written self-assessment should be administered in written form rather than read aloud to a group of clients.

The tables below summarize the evaluation processes according to these two main questions. The experiences of the last year have confirmed that the program design and the theory of change behind a program effects the ability to measure outcomes for clients. The capacity of organizations to collect meaningful evaluation data depends on a variety of organizational capacity issues including leadership, experience with evaluation, the type of intervention, training of staff, and comfort with data. No program was out of contractual compliance for collecting or reporting evaluation data. The following analysis suggests a roadmap for improvement of evaluation technical assistance in the future.[15]

[15] All programs have very real challenges and situations that contributed to their ability to collect evaluation data. This characterization is not meant as a criticism of any one program, but is meant to highlight the challenges faced by contractors this year.

Exhibit 25.

Notation Used to Summarize Quality of Tools and Implementation

Notation	Description
(H)	A High quality evaluation process includes tools used appropriately that measure the intended effects of the program or intervention, are used for more than 50% of clients.
(M)	Average quality evaluations use tools that are appropriate, but use them less often and with changes to the original methodologies. An average evaluation would rely on satisfaction or other information unrelated to client outcomes.
(L)	Evaluations that are poor quality may use tools in ways they were not intended, measure changes unrelated to the programs design, and/ or use tools haphazardly.

As shown in Exhibit 26 below, nearly two-thirds of all programs used high quality tools appropriately and consistently. Seven programs will require additional on-on-one coaching and technical assistance to improve their data collection and reporting capacity. The online data system should help with the quality of implementation by providing a single, non-paper storage space for evaluation data. Re-negotiated contracts also include "evaluation milestones" for which contract monitoring through the online system will assure greater incentive to collect data consistently.

Exhibit 26.

Summary of Quality of Evaluation Tools and Methods Used in Year One

	Quality of Implementation			
Quality of Tools	**High**	**Medium**	**Low**	**TOTAL**
High	62.5%	12.5%	8.3%	**83.3%**
	(15)	(3)	(2)	**(20)**
Medium	8.3%	0.0%	4.2%	**12.5%**
	(2)	(0)	(1)	**(3)**
Low	0.0%	4.2%	0.0%	**4.2%**
	(0)	(1)	(0)	**(1)**
TOTAL	**70.8%**	**16.7%**	**12.5%**	**100.0%**
	(17)	**(4)**	**(3)**	**(24)**[16]

Children's Health Group

The four programs funded under the Children's Health Group collected data from parents, children and providers. Exhibit 27 shows the descriptions of the evaluation quality for each; program-by-program descriptions on challenges and successes follow.

[16] No data were collected for the Child Abuse Prevention Council First Step Expansion Program

Exhibit 27.

Description of Evaluation Data Collected in Year One- Children's Health Group

Agency	Quality of Tools	Quality of Implementation
American Lung "Yes We Can—Asthma Project"	H	H
Public Health Services "Nurse Home Visiting"	M	L
Public Health Service "Comprehensive Outreach & Perinatal Education"	H	L
United Cerebral Palsy	M	H

American Lung Association – Yes We Can

With the addition of the parent behavior tool, this evaluation measures both clinical outcomes for children and parent knowledge of managing their child's asthma. The agency effectively integrated evaluation data collection into the program activities, developing packets for each home visitor to take to each visit.

Public Health Services – Nurse Home Visiting

The Life Skills Progression tool is a tested and reliable tool for measuring the holistic health of a family on many dimensions. The Home Visiting Program consistently collected pre-intervention data from 13 clients. Additional LSP scores during the course of the program will help to describe the impact of the home visitors on the health of the participating families. In piloting the instrument public health nurses found that clients were resistant to completing a "test" and felt that it inhibited building a positive relationship with the family. Additionally, the test did not capture the comprehensiveness of the intervention.

Public Health Services – Comprehensive Outreach and Perinatal Education (COPE)

The COPE model for referral and outreach does not seek to address client health outcomes; referrals must be paired with follow through to high quality services. Although the tools developed would collect follow up and satisfaction information for a group of client served, this data was not collected consistently in the program timeframe.

United Cerebral Palsy – Great Beginnings… Better Tomorrows

The tool used by UCP effectively measures satisfaction in ways that can help the program improve services to clients. Data was not collected about the impact on child development.

Drug, Alcohol, and Tobacco Prevention and Treatment Group

The three programs funded in this group had the difficult task of measuring the effectiveness of prevention services. Because we know that addition to tobacco is a serious and difficult habit to break, the programs focused on attitudes and knowledge in the first year. Exhibit 28 describes the quality of evaluation data collected in Year One for this group. A brief description of the challenges and successes follows the table.

Exhibit 28.

Description of Evaluation Data Collected in Year One- Drug, Alcohol, and Tobacco Prevention and Treatment Group

Agency	Quality of Tools	Quality of Implementation
Lao Khmu Association "Health is Wealth"	M	H
Public Health Services "Tobacco Free"	H	L
Vietnamese Voluntary Foundation, Inc. "Keeping Kids Safe Program"	H	H

Lao Khmu Association – Health is Wealth
Initially, a pre/post test design was created to assess change in knowledge. However, it was changed to a post-test only for three reasons: 1) administering the tests took nearly as much time as the intervention 2) many parents served were not literate in their primary language thus the test had to be administered orally, and 3) the level of intervention (an hour or less outreach and education session) did not warrant a pre and post intervention assessment of knowledge. The post-test was administered and completed consistently by the population served.

Public Health Services – Tobacco Free Families
The pre and post intervention surveys collect information about attitudes and smoking behavior in parents and families with young children. Data was not collected in a consistent manner.

Vietnamese Voluntary Foundation Inc. (VIVO) – Keeping Kids Safe
The pre and post tests were administered consistently to all program participants following a group education session and measured a change in knowledge.

Parent Education Group

The largest numbers of programs were funded under the Parent Education Group. Exhibit 29 shows the descriptions of the evaluation quality for each; program-by-program descriptions on challenges and successes follow.

Exhibit 29.

Description of Evaluation Data Collected in Year One- Parent Education Group

Agency	Quality of Tools	Quality of Implementation
Charterhouse Center "Community Alliance for Positive Self-Sufficiency"	H	H
Child Abuse Prevention Council "Creating Health Environments for Children"	L	M
City of Stockton, Parks and Recreation Department "Water Waves"	H	H
Easter Seals Superior California "Special Families Support Program"	H	H
El Concilio "Telacoo Program"	H	H
Library Literacy Foundation of San Joaquin County "Training Wheels"	H	M
Manteca Unified School District "Family Enrichment and School Readiness Program"	H	H
San Joaquin Office of Substance Abuse "Recovering Families Collaborative"	H	H
United Way San Joaquin County "Success by Six"	H	H
Vietnamese Voluntary Foundation, Inc. "Gateway to Growth"	H	M

Charterhouse Center – Community Alliance for Positive Self Sufficiency
The two evaluation instruments used by Charterhouse to measure change after home visitation were designed by the authors of the curriculum and have been in use for over 30 years. Charterhouse staff administered the tools consistently to clients served.

Child Abuse Prevention Council – Creating Healthy Environments for Children (CHEC)
CHEC presented specific challenges for evaluation based on the curriculum used by the program. The curriculum requires that home visitors collect a variety of information and forms during and following their site visits. The Family Stress Index, which is the primary tool for evaluating the progress of a family, contains several items that are unchangeable. These items are not appropriate evaluation elements because they cannot change due to the intervention. The evaluation team has

recommended using the Monterey Life Skills Progression as an additional source of evaluation data but has been unsuccessful so far.

City of Stockton, Parks and Recreation Department - Water Waves The posttest of knowledge was written specifically for the water safety instruction and measures a minimum level of knowledge desired in parents of young children. As the intervention is a less than one hour, one-time only, a post-test only design was used. The post-test was administered consistently to all parents who participated in the safety classes.

Easter Seals – Special Families Support Program
The use of a modified Monterey Life Skills Progression (LSP) to measure change in this program is appropriate as it employs a home visitation model and addresses all the scales identified for data collection. Although only two assessments have been completed to date, it is anticipated that the instrument will be used consistently with all the families in the program.

El Concilio – Telacoo Program
A sub-scale of the Life Skills Progression was used to measure change for a parent receiving mental health counseling. Movement on the scale indicates the effect of the intervention. The pre and post-tests to measure change in groups was written in Spanish with specific cultural differences in mind. It appropriately measures all three anticipated effects of the program: increased knowledge, self-reported improved parenting behaviors and increased understanding and utilization of resources. All of the clients served by the program were consistently administered the evaluation instruments.

Library Literacy Foundation of San Joaquin County – Training Wheels
The pre-post intervention instrument created to measure change in family literacy behaviors was changed after the program had begun operation. An improved instrument to delineate between parents and child care providers and to capture more age-specific language acquisition was adopted mid-way through the data collection period. This created staff confusion and the new and old versions of the instrument were used haphazardly. We believe this is a result of inconsistent and often inappropriate administration of the evaluation instruments. Specifically, the pre-test was administered on a particular day the mobile van began service in an area and then the post-test on the final day of service delivery. However, for the parents who completed the test, the day of post-test may have been their first, third or twelfth visit. Due to this problem, the data generated does not adequately reflect the very positive anecdotal community response to the mobile van and its services.

Manteca Unified School District – Family Enrichment and School Readiness Program
The Modified Monterey Life Skills Progression (LSP) meets both the evaluative and programmatic needs of this intervention. The tool provides enough information about clients to be able to assist with planning for presentations as well as to track progress. The program is intimate enough to allow for concentrated efforts around assessment and data collection. The contractor was consistent in collecting evaluation data and committed to quality data collection. Based on feedback from the program, we have modified one data collection tool to improve the quality of the evaluation.

SJC Office of Substance Abuse – Recovering Families Collaborative
The self-designed tool is a useful measure of the impact of the parent workshops on knowledge and understanding of early childhood issues. The contractor is consistent in collecting data, even in a population that is often transient and less than willing to share information. The contractor has a great rapport with the clients and is able to solicit information that others may not be able to gather. Because of this commitment to measurement and evaluation, the program can show the positive results they suspected before the formal evaluation.

United Way Success by 6 – Parents as Teachers
The pre and post-test model is appropriate for this intervention – parents learn skills and facts during home visitation and workshops. The parent knowledge questions are clear and come from a validated tool for measuring parent knowledge. The contractor has collected pre-intervention data on almost all clients so far.

VIVO – Gateway to Growth
The pre and post test instruments were written to the content covered in each of the parenting workshops. At times, difficulties of measuring change in knowledge arose due to differences in cultural belief systems of the population served. The tests were piloted and edited numerous times to attempt to correct the problems. Questions were written to measure what was learned rather than attempting to measure a change in a deep-seated belief system. The pre-post tests were administered consistently to all parents participating in the program.

Child Care Group

The funded child care program collected good quality data from parents and providers. Exhibit 30 shows the descriptions of the evaluation quality and describes the methods used.

Exhibit 30.

Description of Evaluation Data Collected in Year One – Child Care Group

Agency	Quality of Tools	Quality of Implementation
Child Abuse Prevention Council "Expansion of First Step Children's Center Preschool	H	n/a
Lots of Tots "Quality First Program	H	H

Child Abuse Prevention Council – First Step Expansion The ability to evaluate the intervention was untested this year because the intervention was not implemented in this contract period. The tool selected to measure child outcomes is a reliable and valid measure, but data has not been collected to date.

Lots of Tots – Quality First Project A full body of research has supported the link between the formal education of child care providers and the quality of care for children. Supporting and measuring caregivers' educational attainment is a reliable step towards measuring quality. Parent and teachers surveys also begin to describe the impacts of the changed curriculum on participating

children. A child-based measure should be incorporated to solidify the link between the programs activities and positive outcomes for children.

Special Projects Group

Special Projects collected data from clients as well as from existing data systems. Exhibit 31 shows the descriptions of the evaluation quality for each; program-by-program descriptions on challenges and successes follow.

Exhibit 31.

Description of Evaluation Data Collected in Year One – Special Projects Group

Agency	Quality of Tools	Quality of Implementation
Child Abuse Prevention Council "Mandated Reporter Training"	H	M
Delta Health Care	H	H
Planned Parenthood Mar Monte "Teen Talk"	H	H
San Joaquin County Office of Education "SJC Teen Pregnancy Prevention Coalition"	H	H
The Women's Center "Child Abuse Prevention Project""	H	H
The Women's Center "Domestic Violence and Childhood Abuse Prevention	H	H

Child Abuse Prevention Council - Mandated Reporter Training Program
The pre- post-test was designed specific to the curriculum taught in the mandated reporter trainings. The providers receiving the training were all consistently given both the pre- and post-test. Due to the small scope and staff time available for the project, the follow-up telephone survey was not administered.

Delta Health Care – Every Child Need to be Wanted
The existing medical information system at Delta Health Care enabled the program to look at rate of no shows in the year before implementation and compare those rates to post – intervention data was collected consistently and reliably. The program met the goals of reducing no shows, but the program model does not specifically address or impact client outcomes.

Planned Parenthood - Mar Monte Teen Talk The Behavioral Matrix is both a useful tool for intervention and for measuring a clients' movement on a scale of behavior change from pre-contemplation to goal attainment. While the tool was administered consistently, it is believed that a more accurate measurement of baseline would be after a client has established trust with staff and is able to honestly report their risk behaviors. In the future, a baseline measurement will be recorded beginning at three months after intake.

San Joaquin County Office of Education SJC - Teen Pregnancy Prevention Coalition
The survey employed by this program was designed for a research project and is very appropriate to the educational intervention conducted with students. The instrument was consistently administered to all students participating in the curriculum.

Women's Center of San Joaquin County - Child Abuse Prevention Projects
The Women's Center used simple but effective tools to measure changes in knowledge and behaviors. The program was conscientious about collecting data, looking at the data on a regular basis and making revisions to tools. In general the capacity of the organization has improved during the course of the contract.

Conclusions and Lessons Learned

The first year of any capacity strengthening activities is usually one of tremendous progress and tremendous work. For evaluation in Year One, the story is no different. Programs participating in the evaluation activities this year were expected not only to continue to serve clients well, but also learn the new skills of data collection. Many providers embraced the opportunity to demonstrate their effectiveness in new ways. The evaluation activities have supported the agencies to measure client impacts. Some key conclusions emerge from the analysis of the quality of the evaluation activities.

- This capacity strengthening year introduced providers to Results Based Accountability and Outcomes-focused Evaluation. For many providers, these models were a way of demonstrating what they already knew – their programs had real effects on clients. Others were more resistant, preferring to focus on "inputs" and the amount of services given. The Commission's consistent support of outcomes set clear expectations for these programs from proposal to implementation.

- The clarity of logic behind a program model was the key component of a successful experience with evaluating results. Programs who had clear, understandable, and realistic goals for clients were better able to measure real changes in their client's knowledge and behavior.

- After 18 months of foundation-building, implementing a standardized data system with these providers should move ahead with relatively little pain and suffering. The way in which data collection has been implemented in San Joaquin County respects where the programs are in terms of their evaluation experiences while pushing them to support the Commission's goals for data collection.

SECTION V. CONCLUSIONS AND RECOMMENDATIONS

Commission funding had profound impacts on the clients served by programs as well as the system of care for young families. These impacts can be summarized in three categories:

> **Agency Impact –** Throughout the contract period, the agencies funded to provide services strengthened their ability to collaborate, to serve clients, and to collect useful information about outcomes.
>
> **Community Impact** – The breadth of services provided in this contract year have impacted the needs and strengths of the various communities in San Joaquin County. While some community needs remain, the experiences in this first year can help to target future funding efforts.
>
> **Client Impact** – Most programs reported either data from an evaluation tool, or anecdotal information about the positive impacts of the intervention on clients – families, children, pregnant women, and service providers.

In the following section, the Agency and Community impacts are explored more deeply. The client impacts were measured by evaluation tools and presented in the previous section.

Agency Impact

Agencies report community wide impact of Proposition 10 funding as most evident in the following two areas:

- Increased service provider collaboration
- Increased availability of services to families

> "The first year was monumental. We are growing and looking forward and knowing what others are doing."

Increased service provider collaboration Nearly all of the programs reported an increase in collaboration with other service providers. Only in a couple cases did program staff indicate that collaboration was already so well established that they did not notice any change as result of this funding. In addition to forging new collaborations with agencies, programs increased the depth and breadth of collaboration, in some cases co-locating services, sharing of staff, and other arrangements for joint service provision. Interviewees also indicated that new partners emerged in the service delivery arena, institutions and agencies they previously not worked with closely.

"Instead of just referring clients, we have a greater understanding of what other Prop 10 agencies do."

Increased availability of services to families Program staff noted an increase in services offered to families in the community. One interviewee indicated that there has been a noticeable increase in services in the community especially for Asian American and Hispanic communities, less so for African-American families. Three service providers noted such an increase in services in one particular community that they expressed concern that the families might be overwhelmed with the influx of services.

Other community-wide benefits A greater focus on prevention, a decrease in duplication of services; a bridging of services (i.e. smooth transition out of one service delivery arena into another); and the ability to serve geographically underserved areas. Some agencies worried that there were too many services for families – at least three indicated that they will "pull out" of a family if they learn they are duplicating services with another provider.

The programs experienced some challenges as well. One funded program had difficulty implementing their intervention when a key partner did not follow through on a their intent to collaborate.

Community Impact and Need

When asked about unmet community need, the following five key areas were identified (listed in priority of perceived need):

- Transportation
- Mental Health
- Parenting Support & Education
- Child care
- Serving Underserved Populations

Transportation Nearly every program interviewed mentioned transportation difficulties for the families they served in at least one context. Families are unable to access needed services and are further isolated due to transportation difficulties. "[My staff] is picking up and taking home some clients."

Mental Health Program staff indicated that there is great need for mental health services for families of young children. In particular, many noted that no mental health services are available for children under three years old. The need for infant/parent therapy was underscored, as was the need for mental health services for parents of children with special needs. More coordination is also needed around mental health – one client noted, "more agencies should work closer with mental health."

Parenting support and parenting education
Program staff spoke to the need for additional and more successful parenting education and support programs.

Illustration:

One provider expressed that: "Parents are under great stress raising their children. There were no parenting classed back in their country (or origin). We have to spend time building trust, talking about these problems, about how to control kids in this country. Kids treat parents like they do not know anything because they do not speak English. Parents can't spank or discipline, as they would have in their country die to our child abuse laws. This case them stress. In Lao there is a saying that it is the era for grandparents to teach children – in this country it has become the era that children teach grandparents. The child ends up having authority over the parent especially the less educated parent.

Child care Providers report families to be in need of child care options in particular, more subsidized care. As one home visitor noted: "on almost all home visits, clients want information on child care and how to get subsidized care." Agencies also expressed a need for on-site child care during their program activities. Some have hired child care providers to take care of children while parents or caregivers are in classes, others struggle through with small children in the room.

Underserved populations Interviewees reported that they are unable to serve or access other services for some families due to language barriers, geographical location (e.g. East Lodi, Woodbridge, and French Camp), client fear due to immigration status, and/or cultural issues (e.g. if husband is not present, his wife may not be allowed to accept services in some families; a lack of prevention orientation with other families may cause them to wait too long to seek medical services).

Other areas of need mentioned: Education on hygiene and spread of infection (in particular for those clients from a rural area in country of origin) and substance abuse treatment for women. Several providers mentioned the "cliff effect" of the 0-5 age range. "We see kids older than 5 who still have risk factors and we can't serve them".

Suggestions for greater accessibility and visibility: Providers noted that the Commission meeting times are inaccessible to the public (i.e. too early in the morning for most families). Programs continued to note that the early hour also limits which agencies learn of funding opportunities.

Strengthening Evaluation Capacity

The process of planning for and beginning implementation of a program evaluation was a new experience for many of the San Joaquin County Children and Families Commission funded programs. Lessons were learned both about expectations regarding program outcomes as well as how to measure program impact. Difficulties were encountered when a program intervention strategy was not clearly defined or an evaluation instrument did not adequately capture change in a particular population served.

The last year and a half has been a success in raising the evaluation capacity of the twenty-five funded programs. Many of the hurdles encountered namely consistent data collection, and timely and systematic data reporting, will be addressed in our future evaluation efforts. Future evaluation activities with the first two rounds of funded programs will focus on finding common ground to evaluate through group meetings and the initiation of a countywide database system. While some of the detail of each program's unique evaluation experience may not be as readily available with this method, the gains will be substantial in systematizing data collection and reporting.

Additionally, group meetings will facilitate inter-agency learning about intervention strategies. One of the lessons learned by the evaluation staff in San Joaquin County is that a well-conceived intervention plan easily translates into an evaluation plan. Technical assistance on intervention planning would have benefited some of the programs funded in the first two rounds. Contractors expressed a willingness and need to gain exposure to new and/or tried and true intervention strategies. The group meetings can serve as a venue for such exposure and technical assistance.

Key Recommendations to Improve Future Evaluation Efforts:

1. **Offer programs technical assistance to refine program objectives to match intervention plans**
2. **Improve timeliness and consistency of data collected by each program**
3. **Create a systematized method of reporting data while respecting the individualism of programs and clients**

In sum, during the first 18 months agencies experienced normal growing pains, program setbacks and great successes. The impact of Commission funding was broad – more than just providing funds for services for families and children, the funding allowed gaps to be filled, new populations to be served, new collaborations to be formed, and systematic improvement in the quality of services provided to children and families. The experience of agencies, including the lessons learned from this initial period, can guide future rounds of funding and implementation. In all, agencies have improved and grown in their abilities to serve children and families.

The impact of Commission staff activities that foster collaboration is evident in their responses to questions about the impact of Proposition 10 funding on their agencies. This unique and new source of funding has begun to break down some of the barriers between services providers in meaningful ways – ways that will ultimately benefit clients.

APPENDIX A: TIMELINE OF EVALUATION SUPPORT

Exhibit 28 shows a rough timeline of the activities associated with this evaluation work.

Exhibit 28. Timeline of Evaluation Activities

Month	Activity
October 2000	Round 1 RFP released
	Round 1 contracts signed
March 2001	At least 5 meetings with each contractor • Clarify program goals and indicators • Develop evaluation plans • Develop evaluation tools • Provide assistance with Data Collection • Ongoing assistance
January 2001	Round 2 RFP released
July 2001	Round 2 contracts signed
July 2001 - ongoing	At least 5 meetings with each contractor Clarify program goals and indicators Develop evaluation plans Develop evaluation tools Provide assistance with Data Collection Ongoing assistance
November 2001	Commission hired CS&O to develop an online data collection system
January 2002 - ongoing	Work with CS&O representatives to build/ revise data system including: • Develop and Test Core Data Elements • Finalize links of contractors to indicators • Finalize objective and outcomes hierarchy • Assist with technical readiness
March – April 2002	Key Informant Interviews with contractors
May – July 2002	Contractors submitted Year One data to Harder+Company Community Research
June 2002	Group Meetings with contractors • Discuss evaluation activities to date • Share information about outcomes, preliminary data
July 2002	Year One Report to the Commission

APPENDIX B: PROGRAM AND COMMISSION INDICATORS

The following indicators describe the intended results of the funded programs. These indicators served as the backbone of the evaluation planning and implementation and will be used to tie the program accomplishments to the overall outcomes for the Commission.

Children's Health Group

Agency and Program Name	Indicator(s)
American Lung Association – Yes We Can	• Percent of parents who can identify ways to help manage their child's chronic disease (asthma) • Percent of home environments that are safe and healthy for children
Public Health Services- Nurse Home Visiting	• Percent increase in expectant mothers' receiving first trimester, adequate prenatal care • Percent of children receiving regular examinations and immunizations • Percent increase in children with a regular source of medical care • Percent increase in children at-risk receiving developmental screening • Percent increase in children at risk receiving early intervention services • Percent decrease in smoking, drinking, and drug use during pregnancy
Public Health Service – Comprehensive Outreach and Perinatal Education	• Percent increase in utilization of available services • Percent increase in parent use of community services
United Cerebral Palsy – Great Beginnings… Better Tomorrows	• Percent increase in children at-risk receiving developmental screening • Percent increase in children at risk receiving early intervention services • Percent increase in parents' self-reported ease in accessing services • Percent increase in number of families accessing early intervention services

Drug, Alcohol and Tobacco Prevention and Treatment Group

Agency and Program Name	Indicator(s)
Lao Khmu Association – Health is Wealth	• Percent decrease in children exposed to smoke and the effects of parental alcohol, drug, and tobacco use
Public Health Services – Tobacco Free	• Percent decrease in children exposed to smoke and the effects of parental alcohol, drugs, and tobacco use
Vietnamese Voluntary Foundation (VIVO) – Keeping Kids Safe	• Percent increase in parental awareness of detrimental effects of drug and alcohol use during pregnancy

Parent Education Group

Agency and Program Name	Indicator(s)
Charterhouse Center – Community Alliance for Positive Self Sufficiency	• Increase in parental knowledge of prenatal and early childhood development • Increase family self-sufficiency • Increase in parental knowledge of children's growth and cognitive development and the need for brain stimulation • Increase the proportion of children who are developmentally ready for school
Child Abuse Prevention Council – CHEC	• Increase parent understanding of parenting techniques about how to reduce violence toward children. • Increase in number of parents who practice developmentally appropriate child-rearing activities • Increase parental awareness and knowledge of the importance of brain stimulation and techniques
City of Stockton, Parks and Recreation Department, "Water Waves"	• Reduced intentional and unintentional injuries
Easter Seals – Special Families Support Program	• Increase in parental knowledge of prenatal and early childhood development • Reduction in rates of child abuse • Increase in family self-sufficiency • Reduction in rates of unintended pregnancies • Increase in parental knowledge of children's growth and cognitive development and the need for brain stimulation • Increase in the proportion of children who are developmentally, socially and intellectually ready for school

Parent Education Group (cont.)

Agency and Program Name	Indicator(s)
Library Literacy Foundation of San Joaquin County – Training Wheels	• Increase in parental knowledge of prenatal and early childhood development • Increase in parental knowledge of children's growth and cognitive development and the need for brain stimulation
Manteca Unified School District – Family Enrichment and School Readiness Program	• Increase in parental knowledge of prenatal and early childhood development • Increase in parental knowledge of children's growth and cognitive development • Increase in proportion of children who are developmentally, socially, physically and intellectually ready to start school • Increase in number of children in safe and healthy environments • Reduced incidence of teen pregnancies
SJC Office of Substance Abuse – Recovering Families Collaborative	• Increase in parental knowledge of prenatal and early childhood development • Increase in parental knowledge of children's growth and cognitive development and the need for brain stimulation
United Way/Success by 6 – Parents as Teachers	• Increase in proportion of children who are developmentally, socially and intellectually ready for school • Increase in parental knowledge of prenatal and early childhood development • Increase in parental knowledge of children's growth and cognitive development
El Concilio – Telacoo Program	• Increase in parental knowledge of prenatal and early childhood development • Increase in number of children living in safe environments • Increase in family self sufficiency

Child Care Group

Agency and Program Name	Indicator(s)
Child Abuse Prevention Council – First Steps	• Increased number of qualified child care providers and quality child care programs • Increased number of child care slots • Increased access to child care for children with special needs • Increased proportion of children who are developmentally, socially and intellectually ready for school
Lots of Tots – Quality First Program	• Increase number of qualified child care providers and quality child care programs • Increase the proportion of children who are developmentally, socially and intellectually ready for school • Increased number of child care slots • Increased access to child care for children with special needs

Special Projects

Agency and Program Name	Indicator(s)
Child Abuse Prevention Council Mandated Reporter Training Program	• Reduce child abuse • Improve reporting of child abuse
Delta Health Care Every Child Needs to be Wanted	• Reduce unintentional pregnancies • To increase participation in family planning
Planned Parenthood Mar Monte Teen Talk	• Reduce unwanted pregnancies • Reduce the incidence of teen pregnancies
San Joaquin County Office of Education SJC Teen Pregnancy Prevention Coalition	• Reduce unintentional pregnancies • Reduce incidence of teen pregnancies • Reduced incidence of domestic violence
The Women's Center of San Joaquin County Domestic Violence and Childhood Sexual Abuse Reduction	• Reduce child abuse • Reduce incidence of domestic violence • Increase number of children in safe and healthy environments
The Women's Center of San Joaquin County Child Abuse Prevention Project	• Reduce child abuse • Reduce incidence of domestic violence • Increase number of children in safe and healthy environments